

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002244

**Entity Name:** CENTRAL PHILIPPINE UNIVERSITY ALUMNI ASSOCIATION OF FLORIDA INC.**FILED**  
**Feb 24, 2014**  
**Secretary of State**  
**CC1595172694****Current Principal Place of Business:**3911 ROCK HILL LOOP  
APOPKA, FL 32712**Current Mailing Address:**3911 ROCK HILL LOOP  
APOPKA, FL 32712**FEI Number: 37-1694766****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HABARADAS, ANTONIO S  
3911 ROCK HILL LOOP  
APOPKA, FL 32712 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP
Name	HABARADAS, ANTONIO S
Address	3911 ROCK HILL LOOP
City-State-Zip:	APOPKA FL 32712

Title	DV
Name	EVIDENTES, JOEBALT
Address	3286 SE 54TH AVE
City-State-Zip:	OCALA FL 34480

Title	DS
Name	TURALBA, EVELYN
Address	5912 SHORE ACRES DRIVE
City-State-Zip:	BRADENTON FL 34209

Title	DT
Name	MENESES, ESPERANZA
Address	630 LAKESCAPE COURT
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	BARRIDO, EMMA
Address	1924 BARRINGTON DRIVE WEST
City-State-Zip:	CLEARWATER FL 33763

Title	AUDITOR
Name	ALABE, ED
Address	2610 PINEWOOD BLVD.
City-State-Zip:	SEBRING FL 33870

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANTONIO HABARADAS****PRESIDENT****02/24/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date