#### 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. 03/17/2019 SIGNATURE: PIERRE LEPOCHAT TREASURER

DOCUMENT# N12466

Entity Name: OLD HILLSBOROUGH ESTATES HOMEOWNERS' ASSOCIATION, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

HALTON CIRCLE SEFFNER, FL 33583

# **Current Mailing Address:**

P O BOX 2081 SEFFNER, FL 33583

# FEI Number: 59-2816940

### Name and Address of Current Registered Agent:

LEPOCHAT, PIERRE TRES 106 HALTON CIRCLE SEFFNER, FL 33584 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

## **Officer/Director Detail :**

Title	PRESIDENT	Title	TREASURER
Name	HOWE, RICHARD	Name	LEPOCHAT, PIERRE
Address	203 HALTON CIRCLE	Address	106 HALTON CIRCLE
City-State-Zip:	SEFFNER FL 33584	City-State-Zip:	SEFFNER FL 33584

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Date