

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002999

**Entity Name:** FRIENDS OF SEMINOLE COUNTY PARKS AND PRESERVATION  
FOUNDATION, INC.**FILED**  
**Jan 19, 2022**  
**Secretary of State**  
**5634777640CC****Current Principal Place of Business:**120 STONE POST ROAD  
LONGWOOD, FL 32779**Current Mailing Address:**P.O. BOX 623191  
OVIEDO, FL 32762-3191 US**FEI Number: 46-2616150****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STRATEGIC ACCOUNTING & CONSULTING  
1436 MT LAUREL DR  
WINTER SPRINGS, FL 32708 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: BRANDY W IOPPOLO****01/19/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DOMINICA, ROB  
Address 632 FLORIDA CENTRAL PARKWAY  
City-State-Zip: LONGWOOD FL 32752

Title DIRECTOR  
Name HANNA, EMILY  
Address 614 S EDGEMON AVE  
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR  
Name HORAN, JOHN  
Address 1612 WOOD DUCK DR  
City-State-Zip: WINTER SRPINGS FL 32708

Title CHAIRMAN, TREASURER  
Name IOPPOLO, BRANDY W  
Address 120 STONE POST ROAD  
City-State-Zip: LONGWOOD FL 32779

Title SECRETARY  
Name MAHONEY, ANDREA  
Address 754 FLEET FINANCIAL CT  
STE 300  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name WILKINSON, MADISON  
Address 950 SOUTH WINTER PARK  
SUITE 370  
City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR  
Name MORGAN, LARISSA  
Address 1678 GRANGE CIRCLE  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name MCDANIEL, BRAD  
Address 120 STONE POST ROAD  
City-State-Zip: LONGWOOD FL 32779

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*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: BRANDY W IOPPOLO****CHAIRMAN****01/19/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	DURR, RICHARD JR.
Address	100 E. FIRST STREET 4TH FLOOR
City-State-Zip:	SANFORD FL 32771