

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005105

**Entity Name:** SOUTHEAST AFFORDABLE PRESERVATION, INC.**Current Principal Place of Business:**69 NW NEWPORT AVENUE SUITE 200  
BEND, OR 97703**Current Mailing Address:**69 NW NEWPORT AVENUE SUITE 200  
BEND, OR 97703 US**FEI Number:** 27-3549467**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301 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 DIRECTOR  
Name ITOH, SHIGE  
Address 69 NW NEWPORT AVENUE SUITE 200  
City-State-Zip: BEND OR 97703

Title DIRECTOR  
Name HOSE, TIM  
Address 69 NW NEWPORT AVENUE SUITE 200  
City-State-Zip: BEND OR 97703

Title VICE PRESIDENT & ASSISTANT SECRETARY  
Name LUU, MEI  
Address 69 NW NEWPORT AVENUE SUITE 200  
City-State-Zip: BEND OR 97703

Title SENIOR VICE PRESIDENT  
Name VINCENT, MELISSA  
Address 69 NW NEWPORT AVENUE SUITE 200  
City-State-Zip: BEND OR 97703

Title DIRECTOR  
Name BROWN, MICHAEL  
Address 69 NW NEWPORT AVENUE SUITE 200  
City-State-Zip: BEND OR 97703

Title DIRECTOR  
Name HOSE, TIM  
Address 69 NW NEWPORT AVENUE SUITE 200  
City-State-Zip: BEND OR 97703

Title PRESIDENT, DIRECTOR  
Name DARRIN , WILLARD  
Address 69 NW NEWPORT AVENUE SUITE 200  
City-State-Zip: BEND OR 97703

Title VICE PRESIDENT & TREASURER  
Name VINCENT, MELISSA  
Address 69 NW NEWPORT AVENUE SUITE 200  
City-State-Zip: BEND OR 97703

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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:** DARRIN WILLARD**PRESIDENT****04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VICE PRESIDENT & SECRETARY
Name	CHANDRAN, TARUN
Address	69 NW NEWPORT AVENUE SUITE 200
City-State-Zip:	BEND OR 97703