

2025 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	MILLER, R.J.
Address	69 NW NEWPORT AVENUE SUITE 200
City-State-Zip:	BEND OR 97703

Title	PRESIDENT, DIRECTOR
Name	WILLARD, DARRIN
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

Title	VICE PRESIDENT & SECRETARY
Name	CHANDRAN, TARUN
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

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****04/17/2025**

Electronic Signature of Signing Officer/Director Detail

Date