

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000009509

**FILED**  
**Jun 10, 2019**  
**Secretary of State**  
**1935217263CC**

**Entity Name:** OVIEDO CENTRAL PARK HOA, INC.

**Current Principal Place of Business:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**Current Mailing Address:**

882 JACKSON AVE  
WINTER PARK, FL 32789 US

**FEI Number:** 82-1283610

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPECIALTY MANAGEMENT COMPANY  
882 JACKSON AVE  
WINTER PARK, FL 32789 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:** THOMAS MCNAMARA

06/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WEST, JEREMY  
Address        882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title            VP  
Name            SATTAUR, ALEEM  
Address        882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title            SECRETARY  
Name            KOWALSKI, LORETTA  
Address        882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title            TREASURER  
Name            O'ROURKE, JOHN  
Address        882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title            DIRECTOR  
Name            VALLONE, NICHOLAS  
Address        882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title            DIRECTOR  
Name            LEDEZMA, ANDREINA  
Address        882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title            DIRECTOR  
Name            WATSON, VERNA  
Address        882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

*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:** NICHOLAS VALLONE

**DIRECTOR**

06/10/2019

Electronic Signature of Signing Officer/Director Detail

Date