| I hereby certify that the information indicated on this report or supplemental report is true an<br>oath; that I am an officer or director of the corporation or the receiver or trustee empowered |           |            |
|--|-----------|------------|
| above, or on an attachment with all other like empowered.  |           |            |
| SIGNATURE: CABRERA , DIANA   | PRESIDENT | 04/12/2019 |

Electronic Signature of Signing Officer/Director Detail

#### 04/12/2019

# Certificate of Status Desired: No

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N18000009343

### Entity Name: TOWNS AT WHITE CEDAR HOMEOWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

8529 SOUTH PARK CIRCLE SUITE 330 ORLANDO, FL 32819

### **Current Mailing Address:**

8529 SOUTH PARK CIRCLE SUITE 330 ORLANDO, FL 32819 US

#### FEI Number: 83-1781398

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

**RIZZETTA & COMPANY INC** 8529 SOUTH PARK CIRCLE SUITE 330 ORLANDO, FL 32819 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       | : DIANA CABRERA                          |                 |                                     | 04/12/2019 |
|-----------------|--|-----------------|-------------------------------------|------------|
|                 | Electronic Signature of Registered Agent |                 |                                     | Date       |
| Officer/Direc   | ctor Detail :                            |                 |                                     |            |
| Title           | DIRECTOR, PRESIDENT                      | Title           | DIRECTOR, VP                        |            |
| Name            | CABRERA, DIANA                           | Name            | REGGIO, LUCIANO                     |            |
| Address         | 8529 SOUTH PARK CIRCLE<br>SUITE 330      | Address         | 8529 SOUTH PARK CIRCLE<br>SUITE 330 |            |
| City-State-Zip: | ORLANDO FL 32819                         | City-State-Zip: | ORLANDO FL 32819                    |            |
| Title           | DIRECTOR, SECRETARY,<br>TREASURER        |                 |                                     |            |
| Name            | GALATI, ANGELA                           |                 |                                     |            |
| Address         | 8529 SOUTH PARK CIRCLE<br>SUITE 330      |                 |                                     |            |
| City-State-Zip: | ORLANDO FL 32819                         |                 |                                     |            |

FILED Apr 12, 2019 Secretary of State 2732685303CC

Date