

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42672

Entity Name: SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**640 E. STATE ROAD 434 SUITE 3000
LONGWOOD, FL 32750**Current Mailing Address:**640 E. STATE ROAD 434 SUITE 3000
LONGWOOD, FL 32750 US**FEI Number:** 59-3068780**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONO AND ASSOCIATES, LLC
640 E. STATE ROAD 434 SUITE 3000
LONGWOOD, FL 32750 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:** MICHAEL L BONO

06/22/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	LUGO, ELSA
Address	640 E. STATE ROAD 434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	MEINZ, DAVID
Address	640 E. STATE ROAD 434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	ACOSTA, MIKE
Address	640 E. STATE ROAD 434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750

Title	VP
Name	VELASQUEZ, LUIS
Address	640 E. STATE ROAD 434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750

Title	SECRETARY
Name	TUCKER, SHARON
Address	640 E. STATE ROAD 434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	KOVACS, JOHN
Address	640 E. STATE ROAD 434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750

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: ELSA LUGO**PRESIDENT**

06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date