

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42672

Entity Name: SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**761 CIARA CREEK COVE
LONGWOOD, FL 32750**Current Mailing Address:**761 CIARA CREEK COVE
LONGWOOD, FL 32750 US**FEI Number:** 59-3068780**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONO AND ASSOCIATES, LLC
761 CIARA CREEK COVE
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

04/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LUGO, ELSA
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

Title TREASURER
Name RODRIGUEZ-SOTO, LILIAN
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

Title VP
Name VELASQUEZ, LUIS
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name MEINZ, DAVID
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY
Name TUCKER, SHARON
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name ACOSTA, MIKE
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name KOVACS, JOHN
Address 761 CIARA CREEK COVE
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

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date