

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000838

**Entity Name:** CARDINAL GLEN HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 23, 2018**  
**Secretary of State**  
**CC2716895953**

**Current Principal Place of Business:**

BONO AND ASSOCIATES  
761 CIARA CREEK COVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

BONO AND ASSOCIATES  
761 CIARA CREEK COVE  
LONGWOOD, FL 32750 US

**FEI Number: 59-3431221**

**Certificate of Status Desired: No**

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

BONO AND ASSOCIATES, LLC  
BONO AND ASSOCIATES  
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            PRESIDENT  
Name            SHAFFER, ANDY  
Address        BONO AND ASSOCIATES  
                  761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title            TREASURER  
Name            BOYLE, JIM  
Address        BONO AND ASSOCIATES  
                  761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title            VPD  
Name            BROUSSARD, ELIZABETH  
Address        BONO AND ASSOCIATES  
                  761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title            SECRETARY  
Name            CARPENTER, JACOB  
Address        BONO AND ASSOCIATES  
                  761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title            DIRECTOR  
Name            WOOD, LINDA  
Address        BONO AND ASSOCIATES  
                  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: ANDY SHAFFER**

**PRESIDENT**

**04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date