

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

DOCUMENT# N97000004798

**Entity Name:** FIELDSTREAM HOMEOWNERS 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: 59-3470140**

**Certificate of Status Desired: No**

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

BONO AND ASSOCIATES, INC.  
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**

**04/22/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PRESIDENT  
Name LUCAS, BONNIE  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

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

Title TREASURER  
Name SAENZ, RICHARD  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

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

Title DIRECTOR  
Name TORRES, MANNY JOSE  
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: BONNIE LUCAS**

**PRESIDENT**

**04/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date