

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004798

Entity Name: FIELDSTREAM HOMEOWNERS 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: 59-3470140****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BONO AND ASSOCIATES, INC.
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****04/22/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name CARLOS, SHANNON
Address 640 E. STATE ROAD 434 SUITE 3000

City-State-Zip: LONGWOOD FL 32750

Title VP
Name THOMAS, JARED
Address 640 E. STATE ROAD 434 SUITE 3000

City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name ASHEBU, TOSIN
Address 640 E. STATE ROAD 434 SUITE 3000

City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT
Name LUCAS, BONNIE
Address 640 E. STATE ROAD 434 SUITE 3000

City-State-Zip: LONGWOOD FL 32750

Title TREASURER
Name SAENZ, RICHARD
Address 640 E. STATE ROAD 434 SUITE 3000

City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name TORRES, MANNY JOSE
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: BONNIE LUCAS**PRESIDENT****04/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date