#### DOCUMENT# N9800002023

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### Entity Name: FIELDSTREAM NORTH HOMEOWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

## **Current Mailing Address:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

## FEI Number: 59-3508548

### Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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.

	The above named	entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	rida.	
	SIGNATURE	BRADLEY POMP			04/09/2016	
		Electronic Signature of Registered Agent			Date	
Officer/Director Detail :						
	Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR		
	Name	LOVELL, VICTOR	Name	NIEVES, HERMAN		
	Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000		
	City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779		
	Title	SECRETARY, DIRECTOR	Title	TREASURER, DIRECTOR		
	Name	NIEVES, ROSE	Name	FLYNN, LEIGH ANN		
	Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000		
	City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779		
	Title	DIRECTOR	Title	DIRECTOR		
	Name	MIRABAL, ELSIE	Name	MIRABAL, CHARLES		
	Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000		
	City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779		
	Title	DIRECTOR				
	Name	BRAY, LINDSEY				
	Address	2180 WEST SR 434 STE 5000				
	City-State-Zip:	LONGWOOD FL 32779				

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.

PRESIDENT

04/09/2016

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Electronic Signature of Signing Officer/Director Detail

# FILED Apr 09, 2016 Secretary of State CC6709077225

Certificate of Status Desired: No

Date