

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002023

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**Certificate of Status Desired:** No**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.***SIGNATURE:** BRADLEY POMP

04/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name LOVELL, VICTOR
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title VP, DIRECTOR
Name NIEVES, HERMAN
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title SECRETARY, DIRECTOR
Name NIEVES, ROSE
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title TREASURER, DIRECTOR
Name RODRIGUEZ, BETTY
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name YOUNG, CORBAN
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name LINDSEY, BRAY LOE
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.

SIGNATURE: VICTOR LOVELL

PRESIDENT

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date