

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # N01000000825

1. Entity Name
**THE FLORIDA ASSOCIATION OF HISPANIC SCHOOL
ADMINISTRATORS, INC.**



Principal Place of Business
**TILDENVILLE ELEM
WINTER GARDEN, FL 34787**

Mailing Address
**1221 BRICK RD
WINTER GARDEN, FL 34787**



03212005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3671730

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARNER, SONIA B DR.
1221 BRICK RD
WINTER GARDEN, FL 34787**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sonia B Warner *Sonia B Warner*

3-21-05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WARNER, SONIA B
STREET ADDRESS	8215 PALOS VERDE DR
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	DV
NAME	VEGA, MARGARITA
STREET ADDRESS	414 SEVILLE AVE.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	DP
NAME	RIVERA, ROLANDO
STREET ADDRESS	1911 CHATHA MOOR DR
CITY-ST-ZIP	ORLANDO, FL 328356190
TITLE	DT
NAME	COLON, JOSE
STREET ADDRESS	845 LEOPARD TR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000320517
04/21/05-80038-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sonia B Warner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-05
Date

407-877-8180
Daytime Phone #