

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000712

FILED
Jan 30, 2012
Secretary of State

Entity Name: SOUTHEAST SYNCHRO ASSOCIATION, INC.

Current Principal Place of Business:

2503 SEACREST BLVD
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

6293 COUNTRY FAIR CIRCLE
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 05-0556572 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARRETT, JACQUELINE
6293 COUNTRY FAIR CIRCLE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: BARRETT, JACQUELINE
Address: 6293 COUNTRY FAIR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D
Name: KAROLINKO, CAROLINE
Address: 6293 COUNTRY FAIR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D
Name: CALLEJO, LORENS
Address: 17005 SW 34TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D
Name: KAROLINKO, COURTNEY
Address: 6293 COUNTRY FAIR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D
Name: MEDINA-SAAVEDRA, LILIANA
Address: 231 17TH STREET APT #320
City-St-Zip: SUNNY ISLES BEA CH, FL 33160

Title: D
Name: JOHNSON, ASHLEY
Address: 14563 WOOD PINE DR
City-St-Zip: DELRAY BEACH, FL 33445

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: JACQUELINE F BARRETT

D

01/30/2012

Electronic Signature of Signing Officer or Director

_____ Date