

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000001637

1. Entity Name

SEQUOIA PARK HOMEOWNERS ASSOCIATION, INC.



FILED
Aug 29, 2008 08:00 AM
Secretary of State



Principal Place of Business

12826 PECONIC CT
WEST PALM BEACH FL 33414
US

Mailing Address

12826 PECONIC CT
WEST PALM BEACH FL 33414
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number

20-2956415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRESPO, MARIO
12826 PECONIC CRT
WEST PALM BEACH FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME CRESPO, MARIO ☐ Delete
STREET ADDRESS 12826 PECONIC CT
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE
NAME OWENSKI, IRENE ☐ Delete
STREET ADDRESS POB 1268
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE
NAME CRESPO, MILDRED ☐ Delete
STREET ADDRESS 12826 PECONIC CT
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000958639
CITY-ST-ZIP 08/29/08-80006-001 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Mildred Crespo

8/21/08