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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001118

1. Corporation Name

BRAVO COMMUNITY SERVICE OF OSCEOLA, INC.

Principal Place of Business

501 FLORIDA PKWY.
BUENAVENTURA LAKES SUBDIVISION
KISSIMMEE FL 34743

Mailing Address

P. O. BOX 430591
KISSIMMEE FL 34743
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/03/1994

4. FEI Number

59-3230819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TORO, DOMINGO
2679 FOREST VIEW LANE
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

Rafael F. Herrera

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

2240 Cypress Knee Loop

83

Kissimmee, FL

84 City

Kissimmee

FL

85 Zip Code

34743

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME COLON, GERMAN
STREET ADDRESS 259 E. CEDARWOOD CIR.
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE
NAME VALENTIN, LUPERCIO
STREET ADDRESS 230 CORAL REEF CR
CITY-ST-ZIP KISSIMMEE FL

TITLE ☒ DELETE
NAME RAMIREZ, ARMANDO
STREET ADDRESS 1502 JASON STREET
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE
NAME SALLY HERRERA
STREET ADDRESS 4185 QUAILWOOD DR
CITY-ST-ZIP ST CLOUD FL

TITLE ☐ DELETE
NAME ARROYO, MIRIAM
STREET ADDRESS 212 OLIVEWOOD COURT
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D Manuel E. Arroyo
3.3 STREET ADDRESS 212 Olivewood Court
3.4 CITY-ST-ZIP Kissimmee, FL 34743

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D Carmen Carrasquillo
6.3 STREET ADDRESS 811 Sprucewood Lane
6.4 CITY-ST-ZIP Kissimmee, FL 34743

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-99

CR2E037 (11/98)