

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000932

Entity Name: STAGECOACH RANCH ESTATES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**11508 S BRIGHTSTAR AVE
FLORAL CITY, FL 34436**Current Mailing Address:**PO BOX 225
FLORAL CITY, FL 34436**FEI Number: 02-0600163****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROBINSON & COMPANY, P.A.
1545 FOREST DRIVE
INVERNESS, FL 34453 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DURRETT, HARRY
Address 5750 E SWEETGRASS CT
City-State-Zip: FLORAL CITY FL 34436

Title DIRECTOR
Name PALMER, AMANDA
Address 5803 E QUICKSILVER CT
City-State-Zip: FLORAL CITY FL 34436

Title DIRECTOR
Name GRAHAM, LISA
Address 11524 S BRIGHTSTAR AVE
City-State-Zip: FLORAL CITY FL 34436

Title DIRECTOR
Name IOVANNISCI, JOANNE
Address 5802 E QUICKSILVER CT
City-State-Zip: FLORAL CITY FL 34436

Title DIRECTOR
Name ROBINSON, TIM
Address 11508 S BRIGHTSTAR AVE
City-State-Zip: FLORAL CITY FL 34436

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: TIM ROBINSON**DIRECTOR****03/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date