

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003982

Entity Name: MOSS PARK MASTER HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**6972 LAKE GLORIA BLVD
ORLANDO, FL 32809**Current Mailing Address:**6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US**FEI Number:** 01-0709676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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	KNOX, MIKE
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	SECRETARY, TREASURER
Name	HEIDELMAN, JOSH
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	DIRECTOR
Name	KREHELY, JOHN
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	DIRECTOR
Name	BUTZ, ERIK
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	DIRECTOR
Name	TJERNAGEL, MARK
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	PRESIDENT
Name	BARR, MICHELLE
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	VP
Name	KANE, SUSAN
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

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: MICHELLE BARR**PRESIDENT****04/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date