

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000712

**FILED**  
**Mar 07, 2014**  
**Secretary of State**  
**CC0753661208**

**Entity Name:** SOUTHEAST SYNCHRO ASSOCIATION, INC.

**Current Principal Place of Business:**

2503 SEACREST BLVD  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

6293 COUNTRY FAIR CIRCLE  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 05-0556572

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

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

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

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

Title D  
Name JOHNSON, ASHLEY  
Address 14563 WOOD PINE DR  
City-State-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

**ADMIN. CHAIR**

**03/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date