

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001135

**Entity Name:** CUDA CHORUS PARENT ASSOCIATION, INC.**Current Principal Place of Business:**13991 SW 122 AVENUE  
APR 201  
MIAMI, FL 33186**Current Mailing Address:**13991 SW 122 AVENUE  
APR 201  
MIAMI, FL 33186 US**FEI Number:** 20-0746422**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACHADO, OLGA  
13991 SW 122 AVENUE  
APR 201  
MIAMI, FL 33186 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:** OLGA MACHADO

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           MACHADO, OLGA  
Address        13991 SW 122 AVENUE  
                 APR 201  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name           NUÑEZ, DONNA  
Address        450 SW 61 AVENUE  
City-State-Zip: MIAMI FL 33144

Title            VP  
Name           LIGHTBOURN, DAVID  
Address        15601 SW 113 AVENUE  
City-State-Zip: MIAMI FL 33157

Title            SECRETARY  
Name           DOWD, LASHONDA  
Address        10932 SW 135 PLACE  
City-State-Zip: MIAMI FL 33186

Title            TREASURER  
Name           CHAVEZ, KAREN  
Address        6483 SW 23 STREET  
City-State-Zip: MIAMI FL 33155

Title            VP  
Name           SOLOMON, WENDY  
Address        11743 SW 99 LANE  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name           MILLER, JULIE  
Address        9835 SW 142 DRIVE  
City-State-Zip: MIAMI FL 33176

Title            TREASURER SY15-16  
Name           SIMONS, ANGELA  
Address        8250 SW 170 STREET  
City-State-Zip: MIAMI FL 33157

*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:** KAREN CHAVEZ

TREASURER

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date