DOCUMENT# N05000004883				2, 2018
EILLIV INDITE. TOVVER VIEW ESTATES FOUVEOWINERS ASSOCIATION. INC.				y of State 2881077
Current Prir 2504 AVE G NV WINTER HAVE			661732	2001077
Current Mai	ling Address:			
2504 AVE G WINTER HA	NW VEN, FL 33880 US			
FEI Number: 20-5377323 Certificate of Status			Certificate of Status Des	ired: No
Name and A	ddress of Current Registered Agent:			
2504 AVE G NV				
WINTER HAVE	N, FL 33880 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.				
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fl	orida.
	I entity submits this statement for the purpose of changing its regis CHRISTOPHER DESROCHERS	tered office or regis	tered agent, or both, in the State of Flo	orida. 03/02/2018
		tered office or regis	tered agent, or both, in the State of Fl	
	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fl	03/02/2018
SIGNATURE	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	03/02/2018
SIGNATURE	E: CHRISTOPHER DESROCHERS Electronic Signature of Registered Agent			03/02/2018
SIGNATURE Officer/Direc Title	E CHRISTOPHER DESROCHERS Electronic Signature of Registered Agent Ctor Detail : D, PRESIDENT	Title	D, VP	03/02/2018
SIGNATURE Officer/Dire Title Name	E CHRISTOPHER DESROCHERS Electronic Signature of Registered Agent Ctor Detail : D, PRESIDENT PINERO, IVON 255 TOWER VIEW DRIVE, W.	Title Name	D, VP MILLER, KEVEN T. 282 TOWER VIEW DRIVE, W.	03/02/2018
SIGNATURE Officer/Direc Title Name Address	E CHRISTOPHER DESROCHERS Electronic Signature of Registered Agent Ctor Detail : D, PRESIDENT PINERO, IVON 255 TOWER VIEW DRIVE, W.	Title Name Address	D, VP MILLER, KEVEN T. 282 TOWER VIEW DRIVE, W.	03/02/2018
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	E CHRISTOPHER DESROCHERS Electronic Signature of Registered Agent Ctor Detail : D, PRESIDENT PINERO, IVON 255 TOWER VIEW DRIVE, W. HAINES CITY FL 33844	Title Name Address City-State-Zip:	D, VP MILLER, KEVEN T. 282 TOWER VIEW DRIVE, W. HAINES CITY FL 33844	03/02/2018
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E CHRISTOPHER DESROCHERS Electronic Signature of Registered Agent Ctor Detail : D, PRESIDENT PINERO, IVON 255 TOWER VIEW DRIVE, W. HAINES CITY FL 33844 D, SECRETARY	Title Name Address City-State-Zip: Title	D, VP MILLER, KEVEN T. 282 TOWER VIEW DRIVE, W. HAINES CITY FL 33844 DIRECTOR, TREASURER	03/02/2018
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name	E CHRISTOPHER DESROCHERS Electronic Signature of Registered Agent Ctor Detail : D, PRESIDENT PINERO, IVON 255 TOWER VIEW DRIVE, W. HAINES CITY FL 33844 D, SECRETARY RIVERA, JOSEPH ORTIZ 223 TOWER VIEW DRIVE, E.	Title Name Address City-State-Zip: Title Name	D, VP MILLER, KEVEN T. 282 TOWER VIEW DRIVE, W. HAINES CITY FL 33844 DIRECTOR, TREASURER ALAMO-PEREZ, ISRAEL 261 TOWER VIEW DRIVE W	03/02/2018
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name Address	E CHRISTOPHER DESROCHERS Electronic Signature of Registered Agent Ctor Detail : D, PRESIDENT PINERO, IVON 255 TOWER VIEW DRIVE, W. HAINES CITY FL 33844 D, SECRETARY RIVERA, JOSEPH ORTIZ 223 TOWER VIEW DRIVE, E.	Title Name Address City-State-Zip: Title Name Address	D, VP MILLER, KEVEN T. 282 TOWER VIEW DRIVE, W. HAINES CITY FL 33844 DIRECTOR, TREASURER ALAMO-PEREZ, ISRAEL 261 TOWER VIEW DRIVE W	03/02/2018
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name Address City-State-Zip:	E CHRISTOPHER DESROCHERS Electronic Signature of Registered Agent Ctor Detail : D, PRESIDENT PINERO, IVON 255 TOWER VIEW DRIVE, W. HAINES CITY FL 33844 D, SECRETARY RIVERA, JOSEPH ORTIZ 223 TOWER VIEW DRIVE, E. HAINES CITY FL 33844	Title Name Address City-State-Zip: Title Name Address City-State-Zip:	D, VP MILLER, KEVEN T. 282 TOWER VIEW DRIVE, W. HAINES CITY FL 33844 DIRECTOR, TREASURER ALAMO-PEREZ, ISRAEL 261 TOWER VIEW DRIVE W HAINES CITY FL 33844	03/02/2018

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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.

Address

## SIGNATURE: IVON PINERO

2504 AVE G NW

City-State-Zip: WINTER HAVEN FL 33880

Address

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: HAINES CITY FL 33844

219 TOWER VIEW DRIVE E.

03/02/2018 Date

FILED