

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008358

**Entity Name:** HILLSBOROUGH ACADEMY OF MATH AND SCIENCE, PTSO, INC.**FILED**  
**Jun 17, 2020**  
**Secretary of State**  
**7909490955CC****Current Principal Place of Business:**9659 W WATERS AVENUE  
TAMPA, FL 33635**Current Mailing Address:**9659 W. WATERS AVE  
TAMPA, FL 33635 US**FEI Number: 46-3722745****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SZMYT, REGINA  
9659 W. WATERS AVE  
TAMPA, FL 33635 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: REGINA SZMYT****06/17/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SZMYT, REGINA  
Address        9659 W. WATERS AVENUE  
City-State-Zip: TAMPA FL 33635

Title            VP  
Name            GRIFFITH, STEVEN  
Address        9659 W WATERS AVENUE  
City-State-Zip: TAMPA FL 33635

Title            TREASURER  
Name            MOLA, TATIANA  
Address        9659 W. WATERS AVENUE  
City-State-Zip: TAMPA FL 33635

Title            RS  
Name            HORSMAN, JACQUELINE  
Address        9659 W WATERS AVENUE  
City-State-Zip: TAMPA FL 33635

Title            PRINCIPAL  
Name            DEEN, BRITTANY  
Address        9659 W. WATERS AVENUE  
City-State-Zip: TAMPA FL 33635

Title            CORRESPONDING SECRETARY  
Name            JARAMILLO, SOLANGIE  
Address        9659 W. WATERS AVENUE  
City-State-Zip: TAMPA FL 33635

Title            PARL  
Name            AGUILAR, ISRAEL  
Address        9659 W WATERS AVENUE  
City-State-Zip: TAMPA FL 33635

*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: REGINA SZMYT****REGISTERED  
AGENT/PRESIDENT****06/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date