

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004533

**Entity Name:** VILLAGE OF IMAGINE, A CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6355 METRO WEST BLVD  
SUITE 180  
ORLANDO, FL 32828**Current Mailing Address:**6355 METRO WEST BLVD  
SUITE 180  
ORLANDO, FL 32828 US**FEI Number:** 47-4480843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MAGNELLI, MIKE  
Address 6355 METRO WEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32828

Title PRESIDENT, DIRECTOR  
Name HUTCHINSON, NEIL  
Address 6355 METRO WEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32828

Title VP, DIRECTOR  
Name PERAZA, NEIL  
Address 6355 METRO WEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32828

Title SECRETARY, DIRECTOR  
Name NEU, MARC  
Address 6355 METRO WEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32828

Title TREASURER, DIRECTOR  
Name CHUNG, JAE  
Address 6355 METRO WEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32828

*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:** JAE CHUNG**SECRETARY****04/19/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date