

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004533

Entity Name: VILLAGE OF IMAGINE, A CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**9501 UNIVERSAL BOULEVARD
ORLANDO, FL 32819**Current Mailing Address:**5323 MILLENIA LAKES BLVD.
ATTN: AMS DEPT. STE. 120
ORLANDO, FL 32839 US**FEI Number:** 47-4480843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEU, MARC
5323 MILLENIA LAKES BLVD.
ATTN: AMS DEPT. STE. 120
ORLANDO, FL 32839 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:** MARC NEU

02/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	MAGNELLI, MICHAEL
Address	9501 UNIVERSAL BOULEVARD
City-State-Zip:	ORLANDO FL 32819
Title	VP
Name	PERAZA, NEIL
Address	5323 MILLENIA LAKES BLVD. ATTN: AMS DEPT. STE. 120
City-State-Zip:	ORLANDO FL 32839
Title	TREASURER
Name	CHUNG, JAE
Address	2650 LAS VEGAS BOULEVARD SOUTH
City-State-Zip:	LAS VEGAS NV 89109

Title	PRESIDENT
Name	HUTCHINSON, NEIL
Address	5323 MILLENIA LAKES BLVD. ATTN: AMS DEPT. STE. 120
City-State-Zip:	ORLANDO FL 32839
Title	SECRETARY
Name	NEU, MARC
Address	5323 MILLENIA LAKES BLVD. ATTN: AMS DEPT. STE. 120
City-State-Zip:	ORLANDO FL 32839

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: MARC NEU

SECRETARY

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date