

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006095

**Entity Name:** LE REVE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**

C/O HMI  
760 FLORIDA CENTRAL PARKWAY SUITE 200  
LONGWOOD, FL 32750

**Current Mailing Address:**

C/O HMI  
760 FLORIDA CENTRAL PARKWAY SUITE 200  
LONGWOOD, FL 32750 US

**FEI Number:** 35-2564756**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

HMI  
C/O HMI  
760 FLORIDA CENTRAL PARKWAY SUITE 200  
LONGWOOD, FL 32750 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:** LORIE FULKES

04/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FUJITA, CLAUDIA  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PARKWAY  
                  SUITE 200  
City-State-Zip: LONGWOOD FL 32750

Title            VP  
Name            DE OLIVERIA TANGANELLI,  
                  CRISTIANO  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PARKWAY  
                  SUITE 200  
City-State-Zip: LONGWOOD FL 32750

Title            TREASURER, SECRETARY  
Name            FERREIRADA CUNHA, THIAGO  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PARKWAY  
                  SUITE 200  
City-State-Zip: LONGWOOD FL 32750

*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:** FUJITA , CLAUDIA

PRESIDENT

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date