

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

DOCUMENT# N16000001958

**Entity Name:** PARCEL M11 OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3717 TURMAN LOOP  
102  
WESLEY CHAPEL, FL 33544

**FILED**  
**Jan 24, 2023**  
**Secretary of State**  
**7011907837CC**

**Current Mailing Address:**

3717 TURMAN LOOP  
102  
WESLEY CHAPEL, FL 33544 US

**FEI Number: 81-4057873**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GOODWIN II, JAMES W ESQ  
201 N FRANKLIN ST #2000  
TAMPA FL 33602 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 PD  
Name PORTER, JAMES D JR  
Address 3717 TURMAN LOOP #102  
City-State-Zip: WELSEY CHAPEL FL 33544

Title VPD  
Name SHERIDAN, SCOTT  
Address 3717 TURMAN LOOP #102  
City-State-Zip: WELSEY CHAPEL FL 33544

Title VPD  
Name FARINA, MARK S  
Address 5303 AMBERLY DR BLDG C STE E  
City-State-Zip: TAMPA FL 33647

Title SD  
Name DELATORRE, JOE  
Address 2150 VIA BELLA BLVD  
City-State-Zip: LAND O LAKES FL 34639

Title SD  
Name BENEDETTI, JOHN  
Address 2150 VIA BELLA BLVD  
City-State-Zip: LAND O LAKES FL 34639

Title TD  
Name PORTER, QUINN K  
Address 3717 TURMAN LOOP #102  
City-State-Zip: WESLEY CHAPEL FL 33544

*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: JAMES D PORTER, JR.**

**PD**

**01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date