

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008314

**Entity Name:** SW 43RD TERRACE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC2581450464**

**Current Principal Place of Business:**

815 SOUTH MAIN STREET  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

815 SOUTH MAIN STREET  
JACKSONVILLE, FL 32207 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

DUSS, JOHN S ESQ.  
4348 SOUTHPOINT BLVD, SUITE 101  
JACKSONVILLE, FL 32216 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            DIR  
Name            KAPLAN, RONALD  
Address        2700 WILES ROAD  
City-State-Zip: POMPANO BEACH FL 33073

Title            DIR  
Name            MANCINI, DANIEL  
Address        3100 SW 15TH STREET  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIR  
Name            RESCH, JIM S  
Address        2900 7TH AVENUE EAST, SUITE 200  
City-State-Zip: TAMPA FL 33605

Title            DIR  
Name            GANNON, KEVIN P  
Address        815 SOUTH MAIN STREET  
City-State-Zip: JACKSONVILLE FL 32207

Title            DIR  
Name            RIBAR, DAMIAN A  
Address        3840 NW 37TH COURT  
City-State-Zip: MIAMI FL 33142

*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: KEVIN P. GANNON**

**D**

**03/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date