

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000003899

Entity Name: FREEDOM PLAZA OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**510 CR 466, STE. 207
LADY LAKE, FL 32159**Current Mailing Address:**510 CR 466, STE. 207
LADY LAKE, FL 32159 US**FEI Number:** 82-5148737**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, CHARLES D ESQ
907 WEBSTER STREET
LEESBURG, FL 34748 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	CHIMIENTI, NICHOLAS
Address	510 CR 466, STE. 207
City-State-Zip:	LADY LAKE FL 32159

Title	VPD
Name	TOSCANI, JOHN L
Address	510 CR 466, STE. 207
City-State-Zip:	LADY LAKE FL 32159

Title	VPD
Name	CHIMIENTI, NICOLE
Address	510 CR 466, STE. 207
City-State-Zip:	LADY LAKE FL 32159

Title	S
Name	TOSCANI, JOHN L
Address	510 CR 466, STE. 207
City-State-Zip:	LADY LAKE FL 32159

Title	T
Name	CHIMIENTI, NICHOLAS
Address	510 CR 466, STE. 207
City-State-Zip:	LADY LAKE FL 32159

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: JOHN TOSCANI**AGENT****01/05/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date