

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002849

**FILED**  
**Feb 20, 2019**  
**Secretary of State**  
**1619506998CC**

**Entity Name:** THE NELSEN RESIDENCE INC.

**Current Principal Place of Business:**

2315 SE 15TH PLACE  
OFFICE  
CAPE CORAL, FL 33990

**Current Mailing Address:**

P.O. BOX 151503  
CAPE CORAL, FL 33915 US

**FEI Number:** 65-0443152

**Certificate of Status Desired:** No

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

VALENTA, JOSEPH A  
2315 S.E. 15TH PLACE  
OFFICE  
CAPE CORAL, FL 33990 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:** JOSEPH A VALENTA

02/20/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            VALENTA, JOSEPH A  
Address        2315 SE 15TH PLACE  
                  OFFICE  
City-State-Zip: CAPE CORAL FL 33990

Title            VP  
Name            CHAN, KWAN M  
Address        2315 S.E. 15TH PLACE  
                  OFFICE  
City-State-Zip: CAPE CORAL FL 33990

Title            SECRETARY  
Name            WILLIAMS, LENA  
Address        2315 S.E. 15TH PLACE  
                  OFFICE  
City-State-Zip: CAPE CORAL FL 33990

Title            DEACONESS  
Name            RODRIQUEZ, SARAH A  
Address        2315 SE 15TH PLACE  
                  OFFICE  
City-State-Zip: CAPE CORAL FL 33990

Title            DEACON  
Name            RODRIQUEZ, WILFRED A  
Address        2315 SE 15TH PLACE  
                  OFFICE  
City-State-Zip: CAPE CORAL FL 33990

Title            CHAIRMAN  
Name            VALENTA, JEROME F  
Address        2315 SE 15TH PLACE  
                  OFFICE  
City-State-Zip: CAPE CORAL FL 33990

*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:** JOSEPH A VALENTA

**PRESIDENT**

02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date