

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

DOCUMENT# N98000004633

**FILED**  
**Mar 08, 2018**  
**Secretary of State**  
**CC3757332311**

**Entity Name:** JOHN YOUNG CROSSINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5469 GROVE CROSSINGS BLVD  
ORLANDO, FL 32839

**Current Mailing Address:**

5469 GROVE CROSSINGS BLVD  
ORLANDO, FL 32839 US

**FEI Number: 59-3532758**

**Certificate of Status Desired: Yes**

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

MARIN, LOUIS  
5469 GROVE CROSSINGS BLVD  
ORLANDO, FL 32839 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 P  
Name MARIN, LOUIS  
Address 5469 GROVE CROSSINGS BLVD  
City-State-Zip: ORLANDO FL 32839

Title VP  
Name MEKCHAND, AJIT  
Address 5480 GROVE CROSSINGS BLVD  
City-State-Zip: ORLANDO FL 32839

Title ST  
Name RODRIGUEZ, TOMASA  
Address 5307 GROVE CROSSINGS BLVD  
City-State-Zip: ORLANDO FL 32839

*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: LOUIS B MARIN**

**PRESIDENT**

**03/08/2018**

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

\_\_\_\_\_  
Date