

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J98681

**Entity Name:** CHOICE PROPERTIES, INC.

**Current Principal Place of Business:**

430 SUMMERHAVEN DR  
SUITE 200  
DEBARY, FL 32713

**Current Mailing Address:**

430 SUMMERHAVEN DR  
SUITE 200  
DEBARY, FL 32713 US

**FEI Number:** 59-2880167

**Certificate of Status Desired:** No

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

SARACO, MARIA  
580 BERNASEK DRIVE  
DEBARY, FL 32713 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,ST                 |
| Name            | SARACO, MARIA        |
| Address         | 580 BERNASEK DR      |
| City-State-Zip: | DEBARY FL 32713      |
| Title           | DR                   |
| Name            | NAPOLITANO, JOSEPH A |
| Address         | 1420 ESTATE DRIVE    |
| City-State-Zip: | DELTONA FL 32738     |

|                 |                         |
|-----------------|-------------------------|
| Title           | DR                      |
| Name            | SCAGGS, MARY E          |
| Address         | 2100 WIGGLEY FARMS ROAD |
| City-State-Zip: | DELTONA FL 32725        |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA SARACO

PST

01/25/2018

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

\_\_\_\_\_  
Date