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: LINDA POMEROY

Electronic Signature of Signing Officer/Director Detail

HOLLYWOOD, FL 33020 US

Entity Name: ST. FRANCIS APTS., INC.

**Current Principal Place of Business:** 

1700 PIERCE STREET HOLLYWOOD, FL 33020

### Name and Address of Current Registered Agent:

POMEROY, LINDA 1700 PIERCE ST HOLLYWOOD UNIT 302 HOLLYWOOD, FL 33020 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	: LINDA POMEROY			05/22/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	SECRETARY		
Name	POMEROY, LINDA	Name	MCELEVEN, JOEL		
Address	1700 PIERCE ST UNIT 202	Address	1700 PIERCE STREET 501		
City-State-Zip:	HOLLYWOOD FL 33020	City-State-Zip:	HOLLYWOOD FL 33020		

# **Current Mailing Address:**

**1700 PIERCE STREET** 

## FEI Number: 59-1211464

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 710926

FILED May 22, 2023 Secretary of State 0521550140CC

Certificate of Status Desired: Yes

05/22/2023

Date

PRESIDENT