| FEI Number: 46-4514535 | | | Certificate of Status Desired: No | |
|---|---|-------------------------------------|---|------------|
| Name and Address of Current Registered Agent: | | | | |
| TRULLENQUE, 7098 BONITA E MIAMI BEACH, | | | | |
| The above named | l entity submits this statement for the purpose of chan | ging its registered office or regis | tered agent, or both, in the State of F | ilorida. |
| SIGNATURE | ANTHONY L, TRULLENQUE, ESQ. | | | 08/02/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | SECRETARY | Title | PRESIDENT | |
| Name | MORALES, DAYAMI | Name | KALIL, GEORGE | |
| Address | 1770 79 ST CSWY D 101 | Address | 1770 79 ST CSWY D110 | |
| City-State-Zip: | NORTH BAY VILLAGE FL 33141 | City-State-Zip: | NORTH BAY VILLAGE FL 33 | 141 |
| Title | TREASURER | | | |
| Name | SCHIAFFINO, LEONARDO | | | |
| Address | 1770 79 ST D 311 | | | |

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.

SECRETARY

SIGNATURE: DAYAMI MORALES

City-State-Zip: NORTH BAY VILLAGE FL 33141

Electronic Signature of Signing Officer/Director Detail

FILED Aug 02, 2023 **Secretary of State** 4905235036CC

Entity Name: NORTH BAY WHITE HOUSE ASSOCIATION NO. 4, INC. **Current Principal Place of Business:**

1770 79 ST CSWY NORTH BAY VILLAGE, FL 33141

DOCUMENT# 711348

REPORT

Current Mailing Address:

P.O.BOX 41-4126 MIAMI BEACH, FL 33141 US

> 08/02/2023 Date