| 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.                                                                                                                                     |

PRESIDENT

#### **DOCUMENT# 719105**

Entity Name: MONTECRISTI COUNTRY CLUB APARTMENTS, INC.

## **Current Principal Place of Business:**

C/O OBELISK MANAGEMENT GROUP 5701 N PINE ISLAND ROAD STE. 340 TAMARAC, FL 33321

## **Current Mailing Address:**

C/O OBELISK MANAGEMENT GROUP PO BOX 25354 TAMARAC, FL 33320 US

### FEI Number: 59-1358730

### Name and Address of Current Registered Agent:

TUCKER & LOKEINSKY, P.A 800 EAST BROWARD BOULEVARD SUITE 720 FORT LAUDERDALE, FL 33301 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                 | : JESSICA R. LOKEINSKY, ESQ.                 |                 | 03/06/2023                                   |  |
|---------------------------|----------------------------------------------|-----------------|----------------------------------------------|--|
|                           | Electronic Signature of Registered Agent     |                 | Date                                         |  |
| Officer/Director Detail : |                                              |                 |                                              |  |
| Title                     | DIRECTOR                                     | Title           | PRESIDENT                                    |  |
| Name                      | LAURETANO, ANGELA                            | Name            | VIANA , CLEVERSON                            |  |
| Address                   | C/O OBELISK MANAGEMENT GROUP<br>PO BOX 25354 | Address         | C/O OBELISK MANAGEMENT GROUP<br>PO BOX 25354 |  |
| City-State-Zip:           | TAMARAC FL 33320                             | City-State-Zip: | TAMARAC FL 33320                             |  |
| Title                     | SECRETARY                                    | Title           | TREASURER                                    |  |
| Name                      | BRUCE, RAFAEL                                | Name            | GUIMARAES, EDUARDO                           |  |
| Address                   | C/O OBELISK MANAGEMENT GROUP<br>PO BOX 25354 | Address         | C/O OBELISK MANAGEMENT GROUP<br>PO BOX 25354 |  |
| City-State-Zip:           | TAMARAC FL 33320                             | City-State-Zip: | TAMARAC FL 33320                             |  |
| Title                     | DIRECTOR                                     |                 |                                              |  |
| Name                      | VIANA , ALEXSON                              |                 |                                              |  |
| Address                   | C/O OBELISK MANAGEMENT GROUP<br>PO BOX 25354 |                 |                                              |  |
| City-State-Zip:           | TAMARAC FL 33320                             |                 |                                              |  |

SIGNATURE: CLEVERSON VIANA

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 06, 2023 Secretary of State 8231226713CC

Certificate of Status Desired: No

03/06/2023 Date