419 DURHAM I DEERFIELD BE	N EACH, FL 33442			
Current Mai	ling Address:			
	REPARK W DR #110			
WEST PALM	1 BEACH, FL 33409 US			
FEI Number: 59-1876018			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
SEACREST SE 2101 CENTREF SUITE 110 WEST PALM B				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATUR				00/40/0040
SIGNATURE	E: LOUIS CASTO			02/19/2019
SIGNATURE	Electronic Signature of Registered Agent			02/19/2019 Date
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	SECRETARY	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	SECRETARY BIRBEACK, SHEILA	
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : TREASURER, PRESIDENT			
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : TREASURER, PRESIDENT CASTO, LOUIS 419 DURHAM N	Name	BIRBEACK, SHEILA 417 DURHAM N	Date
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : TREASURER, PRESIDENT CASTO, LOUIS 419 DURHAM N	Name Address	BIRBEACK, SHEILA 417 DURHAM N	Date
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : TREASURER, PRESIDENT CASTO, LOUIS 419 DURHAM N DEERFIELD BEACH FL 33442	Name Address	BIRBEACK, SHEILA 417 DURHAM N	Date
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : TREASURER, PRESIDENT CASTO, LOUIS 419 DURHAM N DEERFIELD BEACH FL 33442 DIRECTOR	Name Address	BIRBEACK, SHEILA 417 DURHAM N	Date
Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : TREASURER, PRESIDENT CASTO, LOUIS 419 DURHAM N DEERFIELD BEACH FL 33442 DIRECTOR BARTOLONI, BETTY 385 DURHAM N	Name Address	BIRBEACK, SHEILA 417 DURHAM N	Date

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: DURHAM "N" CONDOMINIUM ASSOCIATION, INC.

DOCUMENT# 728069

Current Principal Place of Business:

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 CASTO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/19/2019 Date

FILED Feb 19, 2019

Secretary of State

8982416906CC