451 ANDREWS ST. ORMOND BEACH, FL 32174 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.					
KENLEY J MATEJKA			02/19/2020		
Electronic Signature of Registered Agent			Date		
Officer/Director Detail :					
SECRETARY	Title	VPD			
MATEJKA, KENLEY J	Name	BOWDEN, BARBARA A			
451 ANDREWS ST.	Address	450 YONGE ST.			
ORMOND BCH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174			
PD CHAPELL, LEE PRESIDENT	Title Name	DIRECTOR MATEJKA, JOHN J III			
	H, FL 32174 US entity submits this statement for the purpose of changing its regis KENLEY J MATEJKA Electronic Signature of Registered Agent tor Detail : SECRETARY MATEJKA, KENLEY J 451 ANDREWS ST. ORMOND BCH FL 32174 PD	H, FL 32174 US entity submits this statement for the purpose of changing its registered office or regis          KENLEY J MATEJKA         Electronic Signature of Registered Agent         tor Detail :         SECRETARY         MATEJKA, KENLEY J         Name         451 ANDREWS ST.         ORMOND BCH FL 32174         City-State-Zip:         PD         Title	H, FL 32174 US entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore KENLEY J MATEJKA Electronic Signature of Registered Agent tor Detail : SECRETARY Title VPD MATEJKA, KENLEY J Name BOWDEN, BARBARA A 451 ANDREWS ST. ORMOND BCH FL 32174 PD Title DIRECTOR		

## **Current Mailing Address:**

ASSOCIATION, INC.

ORMOND BEACH, FL 32174

451 ANDREWS ST.

451 ANDREWS ST. ORMOND BEACH, FL 32174 US

**Current Principal Place of Business:** 

## FEI Number: 59-1826355

## Name and Address of Current Registered Agent:

MATEJKA, KENLEY J 451 ANDREWS ST. 451 O

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. 02/19/2020

## SIGNATURE: KENLEY J MATEJKA

Electronic Signature of Signing Officer/Director Detail

Entity Name: THE ORMOND TERRACE ANNEX HOMEWONERS

Certificate of Status Desired: No

Officer/Director Detail :				
Title	SECRETARY	Title	VPD	
Name	MATEJKA, KENLEY J	Name	BOWDEN, BARBARA A	
Address	451 ANDREWS ST.	Address	450 YONGE ST.	
City-State-Zip:	ORMOND BCH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174	
Title	PD	Title	DIRECTOR	
Name	CHAPELL, LEE PRESIDENT	Name	MATEJKA, JOHN J III	
Address	270 WARWICK AVE.	Address	451 ANDREWS ST.	
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174	

FILED Feb 19, 2020 Secretary of State 8229574702CC

Date

SECRETARY