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: LISA SIMONITIS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 738381

Entity Name: CREST BREEZE MANOR ASSOCIATION, INC.

Current Principal Place of Business:

142 CREST BREEZE MANOR CRESCENT CITY, FL 32112

Current Mailing Address:

PO BOX 12 CRESCENT CITY, FL 32112 US

FEI Number: 59-2869266

Name and Address of Current Registered Agent:

NONE 142 CRESTBREEZE MANOR CRESCENT CITY, FL 32112 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	SNATURE: LISA SIMONITIS			01/29/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	VP		
Name	EYE, WESLEY A	Name	NIELSON, JEFF		
Address	129 CREST BREEZE MANOR	Address	148 CREST BREEZE MANOR		
City-State-Zip:	CRESCENT CITY FL 32112	City-State-Zip:	CRESCENT CITY FL 32112		
Title	TREASURER	Title	SECRETARY		
THE	IKEASOKEK	The			
Name	SIMONITIS, LISA	Name	EYE, DEBBIE		
Address	114 CREST BREEZE MANOR	Address	129 CREST BREEZE MANOR		
City-State-Zip:	CRESCENT CITY FL 32112	City-State-Zip:	CRESCENT CITY FL 32112		

Certificate of Status Desired: Yes

FILED Jan 29, 2023 Secretary of State 9403447729CC

TREASURER