

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738676

**Entity Name:** THE 221 NORTH CAUSEWAY ASSOCIATION, INC.

**Current Principal Place of Business:**

221 N CAUSEWAY  
NEW SMYRNA BCH, FL 32169-5239

**Current Mailing Address:**

221 N CAUSEWAY  
NEW SMYRNA BCH, FL 32169-5239 US

**FEI Number:** 59-1757455

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPENCE, HAL  
221 N CAUSEWAY  
NEW SMYRNA BCH, FL 32169 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SPENCE, HAL  
Address 1104 N PENINSULA AV.  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title TD  
Name BOHANNON, KENNETH  
Address 106 DESOTO DRIVE  
City-State-Zip: NEW SMYRNA BCH FL 32169

Title DIRECTOR  
Name BLANDI, SUZANNE  
Address 921 CLUBHOUSE BOULEVARD  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VPD  
Name MERILSON, LISA  
Address 6 HILLSIDE DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title D  
Name HARRIS, KATHY  
Address 4504 DORIS DR.  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title SECRETARY, DIRECTOR  
Name CLOW, TREVON  
Address 221 N CAUSEWAY  
City-State-Zip: NEW SMYRNA BCH FL 32169-5239

*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:** HAL SPENCE

**PRESIDENT**

**02/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date