The above named	entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	KENNETH BOHANNON		
	Electronic Signature of Registered Agent		Date
Officer/Dired	ctor Detail :		
Title	PD	Title	TD
Name	BOHANNON, KENNETH	Name	BOHANNON, KENNETH
Address	221 N. CAUSEWAY. SUITE A	Address	221 N. CAUSEWAY SUITE A
City-State-Zip:	NEW SMYRNA BEACH FL 32169	City-State-Zip:	NEW SMYRNA BCH FL 32169
Title	DIRECTOR	Title	VPD
Name	BLANDI, SUZANNE	Name	MERILSON, LISA
Address	921 CLUBHOUSE BOULEVARD	Address	6 HILLSIDE DRIVE
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32169
Title	D	Title	SECRETARY, DIRECTOR
Name	HARRIS, KATHY	Name	CLOW, TREVON
Address	4504 DORIS DR.	Address	221 N CAUSEWAY
City-State-Zip:	NEW SMYRNA BEACH FL 32169	City-State-Zip:	NEW SMYRNA BCH FL 32169-5239

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

Current Principal Place of Business:

NEW SMYRNA BCH, FL 32169-5239

Current Mailing Address:

FEI Number: 59-1757455

DOCUMENT# 738676

221 N CAUSEWAY

Name and Address of Current Registered Agent:

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE 221 NORTH CAUSEWAY ASSOCIATION, INC.

BOHANNON, KENNETH 221 N CAUSEWAY SUITE A NEW SMYRNA BCH, FL 32169 US

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.

PD

SIGNATURE: KENNETH BOHANNON

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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

01/10/2020