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: MARIO SPINA

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/15/2022 Date

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL	REDORT

#### DOCUMENT# 745014

Entity Name: VERSAILLES CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

4722 SE 1ST PLACE CAPE CORAL, FL 33904

### **Current Mailing Address:**

COASTAL ASSOCIATION SERVICES, LLC PO BOX 152930 CAPE CORAL, FL 33915 US

# FEI Number: 59-1966207

### Name and Address of Current Registered Agent:

COASTAL ASSOCIATION SERVICES, LLC COASTAL ASSOCIATION SERVICES, LLC PO BOX 152930 CAPE CORAL, FL 33915 US

SIGNATURE: TROY FUTCH

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.

	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	PRESIDENT	Title	SECRETARY, TREASURER
Name	SPINA, MARIO	Name	MAYOTTE, KATHLEEN
Address	COASTAL ASSOCIATION SERVICES, LLC PO BOX 152930	Address	COASTAL ASSOCIATION SERVICES, LLC PO BOX 152930
City-State-Zip:	CAPE CORAL FL 33915	City-State-Zip:	CAPE CORAL FL 33915
Title	VP		
Name	LEVINE, NORMAN		
Address	COASTAL ASSOCIATION SERVICES, LLC PO BOX 152930		
City-State-Zip:	CAPE CORAL FL 33915		

Certificate of Status Desired: No

03/15/2022

FILED Mar 15, 2022 Secretary of State 6220470918CC