16330 GULF BI REDINGTON B	LVD EACH, FL 33708			
Current Mai	ling Address:			
PO BOX 618 BAY PINES,	3 FL 33744 US			
FEI Number: 59-1974488		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
CERCEK, LISA 19455 GULF BI INDIAN SHORI				
The above name	d entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE: LISA CERCEK				03/12/2018
	Electronic Signature of Registered Agent			Date
Officer/Dire				Date
Officer/Dire		Title	SECRETARY	Date
	ctor Detail :	Title Name	SECRETARY MEINHART, DAVE	Date
Title	ctor Detail : P			Date
Title Name	ctor Detail : P COHAN, DOUG PO BOX 618	Name	MEINHART, DAVE PO BOX 618	Date
Title Name Address	ctor Detail : P COHAN, DOUG PO BOX 618	Name Address	MEINHART, DAVE PO BOX 618	Date
Title Name Address City-State-Zip:	ctor Detail : P COHAN, DOUG PO BOX 618 BAY PINES FL 33744	Name Address City-State-Zip:	MEINHART, DAVE PO BOX 618 BAY PINES FL 33744	Date
Title Name Address City-State-Zip: Title	ctor Detail : P COHAN, DOUG PO BOX 618 BAY PINES FL 33744 TREASURER	Name Address City-State-Zip: Title	MEINHART, DAVE PO BOX 618 BAY PINES FL 33744 VP	Date
Title Name Address City-State-Zip: Title Name	ctor Detail : P COHAN, DOUG PO BOX 618 BAY PINES FL 33744 TREASURER MATACCHIERO, ROBERT PO BOX 618	Name Address City-State-Zip: Title Name	MEINHART, DAVE PO BOX 618 BAY PINES FL 33744 VP REITER, SUSAN PO BOX 618	Date
Title Name Address City-State-Zip: Title Name Address	ctor Detail : P COHAN, DOUG PO BOX 618 BAY PINES FL 33744 TREASURER MATACCHIERO, ROBERT PO BOX 618	Name Address City-State-Zip: Title Name Address	MEINHART, DAVE PO BOX 618 BAY PINES FL 33744 VP REITER, SUSAN PO BOX 618	Date

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: REDINGTON PLACE CONDOMINIUM ASSOCIATION, INC.

DOCUMENT# 748694

Current Principal Place of Business:

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: DOUG COHAN

PO BOX 618 City-State-Zip: BAY PINES FL 33744

Address

Electronic Signature of Signing Officer/Director Detail

Ρ

03/12/2018 Date

FILED Mar 12, 2018 **Secretary of State** CC4355095648