16330 GULF B	LVD EACH, FL 33708			
Current Ma	ling Address:			
PO BOX 61 BAY PINES	3 FL 33744 US			
FEI Number: 59-1974488			Certificate of Status Desired	<b>1:</b> No
Name and A	Address of Current Registered Agent:			
CERCEK, LISA 19455 GULF B INDIAN SHOR				
<b>T</b> he share we we			tered agent or both in the State of Florida	
i ne above name	d entity submits this statement for the purpose of changing its reg	stered office or regis		
	d entity submits this statement for the purpose of changing its regined. E: LISA CERCEK	stered onice or regis		3/09/2021
		sterea onice or regis		
	E: LISA CERCEK Electronic Signature of Registered Agent	stered onice of regis		3/09/2021
SIGNATURI	E: LISA CERCEK Electronic Signature of Registered Agent	Title		3/09/2021
SIGNATURI Officer/Dire	E: LISA CERCEK Electronic Signature of Registered Agent ctor Detail :		0:	3/09/2021
SIGNATURI Officer/Dire	E: LISA CERCEK Electronic Signature of Registered Agent Ctor Detail : DIRECTOR	Title	PRESIDENT	3/09/2021
SIGNATURI <b>Officer/Dire</b> Title Name	E: LISA CERCEK Electronic Signature of Registered Agent Ctor Detail : DIRECTOR HENNINGSEN, BRAD	Title Name	O PRESIDENT SACCONE-ALBRITTON, CHERYL PO BOX 618	3/09/2021
SIGNATURI Officer/Dire Title Name Address	E: LISA CERCEK Electronic Signature of Registered Agent Ctor Detail : DIRECTOR HENNINGSEN, BRAD PO BOX 618	Title Name Address	O PRESIDENT SACCONE-ALBRITTON, CHERYL PO BOX 618	3/09/2021
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: LISA CERCEK Electronic Signature of Registered Agent Ctor Detail : DIRECTOR HENNINGSEN, BRAD PO BOX 618 BAY PINES FL 33744	Title Name Address City-State-Zip:	O PRESIDENT SACCONE-ALBRITTON, CHERYL PO BOX 618 BAY PINES FL 33744	3/09/2021
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	E: LISA CERCEK Electronic Signature of Registered Agent Ctor Detail : DIRECTOR HENNINGSEN, BRAD PO BOX 618 BAY PINES FL 33744 TREASURER	Title Name Address City-State-Zip: Title	O PRESIDENT SACCONE-ALBRITTON, CHERYL PO BOX 618 BAY PINES FL 33744 SECRETARY	3/09/2021
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title Name	E: LISA CERCEK Electronic Signature of Registered Agent Ctor Detail : DIRECTOR HENNINGSEN, BRAD PO BOX 618 BAY PINES FL 33744 TREASURER MATACCHIERO, ROBERT	Title Name Address City-State-Zip: Title Name	O PRESIDENT SACCONE-ALBRITTON, CHERYL PO BOX 618 BAY PINES FL 33744 SECRETARY REITER, SUSAN PO BOX 618	3/09/2021
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title Name Address	E LISA CERCEK Electronic Signature of Registered Agent Ctor Detail : DIRECTOR HENNINGSEN, BRAD PO BOX 618 BAY PINES FL 33744 TREASURER MATACCHIERO, ROBERT PO BOX 618	Title Name Address City-State-Zip: Title Name Address	OX PRESIDENT SACCONE-ALBRITTON, CHERYL PO BOX 618 BAY PINES FL 33744 SECRETARY REITER, SUSAN PO BOX 618	3/09/2021

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: SUSAN REITER

**PO BOX 618** 

City-State-Zip: BAY PINES FL 33744

Address

SECRETARY

03/09/2021

Electronic Signature of Signing Officer/Director Detail

## Entity Name: REDINGTON PLACE CONDOMINIUM ASSOCIATION, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

## Sec

## Mar 09, 2021 Secretary of State 2194686018CC

FILED

Date