

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749524

Entity Name: ETON COUNTRYSIDE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 24, 2024
Secretary of State
4016822704CC

Current Principal Place of Business:

C/O ASSURANCE PROPERTY MANAGEMENT
PO BOX 70247
OAKLAND PARK, FL 33307-0247

Current Mailing Address:

C/O ASSURANCE PROPERTY MANAGEMENT
PO BOX 70247
OAKLAND PARK, FL 33307-0247 US

FEI Number: 59-1990891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKALAR & ASSOCIATES, PA
12472 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071 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: MICHAEL BAKALAR

04/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RUIZ, DIANA
Address C/O ASSURANCE PROPERTY
 MANAGEMENT
 PO BOX 70247
City-State-Zip: OAKLAND PARK FL 33307-0247

Title VP, TREASURER
Name COX, ALEXANDRIA
Address C/O ASSURANCE PROPERTY
 MANAGEMENT
 PO BOX 70247
City-State-Zip: OAKLAND PARK FL 33307-0247

Title SECRETARY
Name HUTSON, DACIA
Address C/O ASSURANCE PROPERTY
 MANAGEMENT
 PO BOX 70247
City-State-Zip: OAKLAND PARK FL 33307-0247

Title DIRECTOR
Name PEREZ, PABLO
Address C/O ASSURANCE PROPERTY
 MANAGEMENT
 PO BOX 70247
City-State-Zip: OAKLAND PARK FL 33307-0247

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: DIANA RUIZ

PRESIDENT

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date