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

Electronic Signature of Signing Officer/Director Detail

OAKLAND PARK FL 33307-0247

MANAGEMENT

PO BOX 70247

Title DIRECTOR PEREZ, PABLO Name C/O ASSURANCE PROPERTY Address MANAGEMENT PO BOX 70247

MANAGEMENT

PO BOX 70247

OAKLAND PARK FL 33307-0247

City-State-Zip: OAKLAND PARK FL 33307-0247

| PO BOX 70247 | | PO BOX 70247 |
|----------------------------|-----------------|---------------------------|
| OAKLAND PARK FL 33307-0247 | City-State-Zip: | OAKLAND PARK FL 33307-024 |
| SECRETARY | Title | TREASURER |
| STEVENS, CLAUDIA | Name | VASSALLO, GIAN E |
| C/O ASSURANCE PROPERTY | Address | C/O ASSURANCE PROPERTY |

City-State-Zip:

| 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 0 | | | |
| | Electronic Signature of Registered Agent | | | |
| Officer/Director Detail : | | | | |
| Title | PRESIDENT | Title | VP | |
| Name | RUIZ, DIANA | Name | COX, ALEXANDRIA | |
| Address | C/O ASSURANCE PROPERTY MANAGEMENT PO BOX 70247 | Address | C/O ASSURANCE PROPERTY MANAGEMENT PO BOX 70247 | |
| City-State-Zip: | OAKLAND PARK FL 33307-0247 | City-State-Zip: | OAKLAND PARK FL 33307-0247 | |

CORAL SPRINGS, FL 33071 US

PO BOX 70247 OAKLAND PARK, FL 33307-0247 US

Name and Address of Current Registered Agent:

PO BOX 70247 OAKLAND PARK, FL 33307-0247

C/O ASSURANCE PROPERTY MANAGEMENT

FEI Number: 59-1990891

BAKALAR & ASSOCIATES, PA 12472 W ATLANTIC BLVD

Title

Name

Address

City-State-Zip:

DOCUMENT# 749524

Current Mailing Address:

Current Principal Place of Business: C/O ASSURANCE PROPERTY MANAGEMENT

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ETON COUNTRYSIDE CONDOMINIUM ASSOCIATION, INC.

FILED Jan 13, 2022 Secretary of State 5626945036CC

01/13/2022 Date

Certificate of Status Desired: No

01/13/2022 Date