

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756634

Entity Name: ENGLEWOOD BEACH PLACE CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 06, 2023
Secretary of State
7088465980CC**Current Principal Place of Business:**1480 GULF BLVD
ENGLEWOOD, FL 34223**Current Mailing Address:**C/O STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US**FEI Number: 59-2233117****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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: SHERRY DANKO****04/06/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	S
Name	MCKENZIE, KATHLEEN
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	T
Name	PISANESCHI, SUSAN
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	P
Name	CASEY, MICHAEL
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	VP
Name	BIRD, STEVE
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	FARNER, CHARLIE
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

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: KATHLEEN MCKENZIE**S****04/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date