

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761845

**Entity Name:** ACTIVE DIVERS ASSOCIATION, INC.**Current Principal Place of Business:**13374 SW. 46 TERR.  
MIAMI, FL 33175**Current Mailing Address:**13374 SW. 46 TERR.  
MIAMI, FL 33175 US**FEI Number: 81-2855633****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VON LINTEL, LON  
13374 SW. 46 TERR  
MIAMI, FL 33175 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	LINTEL, LON VON
Address	13374 SW. 46 TERR
City-State-Zip:	MIAMI FL 33175-3930

Title	SD
Name	BACH, LENORA
Address	7600 SW 69 AVE
City-State-Zip:	MIAMI FL 33134

Title	TD
Name	SMITH, MAURICIO
Address	P.O.BOX 163303
City-State-Zip:	MIAMI FL 33116

Title	VP
Name	WOOD, LEE
Address	182 PLANTATION AVENUE
City-State-Zip:	TAVERNIER FL 33070

Title	DIRECTOR
Name	DAVIS, RACHEL
Address	5087 OAK HILL LANE, #322
City-State-Zip:	DELRAY FL 33484

Title	DIRECTOR
Name	DAVIS, JOHN
Address	5087 OAK HILL LANE, #322
City-State-Zip:	DELRAY FL 33484

Title	DIRECTOR
Name	BAEZA, DANIEL
Address	7592 PARKVIEW WAY
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	JOHNSON, DARYL
Address	1100 S.E. 5TH COURT, #61
City-State-Zip:	POMPANO BEACH FL 33060

**Continues on page 2**

*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: LENORA BACH****SECRETARY****01/18/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               CONNIE, CROWTHER  
Address            36112 PALMARITO STREET  
City-State-Zip:   CORAL GABLES FL 33134

Title               DIRECTOR  
Name               BACH, JULIANA  
Address            7600 SW 69 AVENUE  
City-State-Zip:   MIAMI FL 33143

Title               DIRECTOR  
Name               WASSON, ROY  
Address            6233 LEONARDO STREET  
City-State-Zip:   CORAL GABLES FL 33146