

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761845

Entity Name: ACTIVE DIVERS ASSOCIATION, INC.**Current Principal Place of Business:**5087 OAK HILL LANE
322
DELRAY BEACH, FL 33484**Current Mailing Address:**5087 OAK HILL LANE
322
DELRAY BEACH, FL 33484 US**FEI Number:** 81-2855633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, RACHEL
5087 OAK HILL LANE
322
DELRAY BEACH, FL 33484 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:** RACHEL DAVIS

01/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title	TREASURER
Name	SMITH, MAURICIO JOSE
Address	PO BOX 1584
City-State-Zip:	TAVERNIER FL 33070

Title	SECRETARY
Name	MCPHILLIPS , STEPHEN C
Address	541 SW 51ST TER
City-State-Zip:	CAPE CORAL FL 33914

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

Title	DIRECTOR
Name	BACH, JULIANA
Address	1218 DREXEL AVENUE
City-State-Zip:	MIAMI BEACH FL 33139

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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: STEPHEN C MCPHILLIPS**SECRETARY**

01/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name VON LINTEL, LONNIE LEO
Address 13374 SW 46 TERRACE
City-State-Zip: MIAMI FL 33175

Title DIRECTOR
Name LOPEZ, RODOLFO EDUARDO
Address 29 FONSECA AVENUE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MENENDEZ, AL
Address 201 CRANDON BOULEVARD
 823
City-State-Zip: KEY BISCAYNE FL