

2021 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, LONNIE LEO
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:** LONNIE LEO VON LINTEL

03/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SD
Name CROWTHER, CONNIE
Address 3612 PALMARITO STREET
City-State-Zip: CORAL GABLES FL 33134

Title TD
Name SMITH, MAURICIO JOSE
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: CONNIE CROWTHER**SECRETARY**

03/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AMBER, VAZQUEZ
Address 2264 SW 64TH WAY
City-State-Zip: BOCA RATON FL 33428

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

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