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: CARL FOLKMAN

I

Electronic Signature of Signing Officer/Director Detail

#### Name and Address of Current Registered Agent:

MARINO, M SUSAN **500 ALTERNATE 19 SOUTH** SUITE 346 PALM HARBOR, FL 34683 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	E: M. SUSAN MARINO			04/03/2022	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	SECRETARY	Title	TREASURER		
Name	FOLKMAN, CARL	Name	SOUKAS, CHRIS		
Address	500 ALTERNATE 19 SOUTH SUITE 346	Address	500 ALTERNATE 19 SOUTH SUITE 346		
City-State-Zip:	PALM HARBOR FL 34683	City-State-Zip:	PALM HARBOR FL 34683		
Title	PRESIDENT				
Name	SANDERS, JASON				
Address	500 ALTERNATE 19 SOUTH SUITE 346				
City-State-Zip:	PALM HARBOR FL 34683				

Certificate of Status Desired: No

FILED Apr 03, 2022 Secretary of State 3433377904CC

### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 766676** 

Entity Name: POINT SEASIDE RESIDENTS ASSOCIATION, INC.

### **Current Principal Place of Business:**

500 ALTERNATE 19 SOUTH PALM HARBOR, FL 34683

## **Current Mailing Address:**

**500 ALTERNATE 19 SOUTH** PALM HARBOR, FL 34683 US

# FEI Number: 59-2381368

04/03/2022

SECRETARY

Date