2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT
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#### **DOCUMENT# 767108**

### Entity Name: AMERICA OUTDOORS CONDOMINIUM ASSOCIATION, INC.

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

C/O PRECEDENT HOSPITALITY 3001EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762

# **Current Mailing Address:**

C/O PRECEDENT HOSPITALITY 3001EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762 US

# FEI Number: 59-2375877

# Name and Address of Current Registered Agent:

ADAMS, JOSEPH E **BECKER LAWYERS** 12140 CARISSA COMMERCE COURT #200 FORT MYERS, FL 33966 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	S JOSEPH E ADAMS		01/20/2021		
	Electronic Signature of Registered Agent		Date		
Officer/Director Detail :					
Title	PRESIDENT	Title	SECRETARY		
Name	OAKS, WILLIAM	Name	BENNER, SUE		
Address	C/O PRECEDENT HOSPITALITY 3001EXECUTIVE DRIVE SUITE 260	Address	C/O PRECEDENT HOSPITALITY 3001EXECUTIVE DRIVE SUITE 260		
City-State-Zip:	CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762		
Title	TREASURER	Title	DIRECTOR		
Name	SMITH, VIRGINIA	Name	SACHS, LINDA		
Address	C/O PRECEDENT HOSPITALITY 3001EXECUTIVE DRIVE SUITE 260	Address	C/O PRECEDENT HOSPITALITY 3001EXECUTIVE DRIVE SUITE 260		
City-State-Zip:	CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762		
Title	DIRECTOR	Title	VP		
Name	MARTIN, GREG	Name	MOORE, MAX		
Address	C/O PRECEDENT HOSPITALITY 3001EXECUTIVE DRIVE SUITE 260	Address	C/O PRECEDENT HOSPITALITY 3001EXECUTIVE DRIVE SUITE 260		
City-State-Zip:	CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762		
Title	DIRECTOR				
Name	BROPHY, DAVID				
Address	C/O PRECEDENT HOSPITALITY 3001EXECUTIVE DRIVE SUITE 260				
City-State-Zip:	CLEARWATER FL 33762				

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: WILLIAM OAKS		PRESIDENT	01/20/2021
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Jan 20, 2021 Secretary of State 7457605837CC

Certificate of Status Desired: No