

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768919

**Entity Name:** 4139 MANAGEMENT, INC.

**Current Principal Place of Business:**

4139 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

4139 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169 US

**FEI Number:** 59-2334672

**Certificate of Status Desired:** No

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

CONSDORF, JEFF  
4139 S ATLANTIC AVE  
B502  
NEW SMYRNA BEACH, FL 32169 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:** JEFF CONSDORF

01/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ASCHLIMAN , LYNN  
Address        4139 SOUTH ATLANTIC AVENUE  
                  B701  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            VP  
Name            MAXFIELD , JOHN  
Address        4139 SOUTH ATLANTIC AVENUE  
                  B608  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            TREASURER  
Name            CONSDORF, JEFF  
Address        4139 SOUTH ATLANTIC AVENUE  
                  B502  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            SECRETARY  
Name            STEFFENS, FRED  
Address        4139 S. ATLANTIC AVENUE UNIT A408  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            DIRECTOR  
Name            GARCES, MARIO  
Address        739 RIVERBEND BLVD  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            KENT, JANET  
Address        4139 SOUTH ATLANTIC AVENUE  
                  B304  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            DIRECTOR  
Name            TORONTO, AL  
Address        4139 SOUTH ATLANTIC AVENUE  
                  A501  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            MANAGER LCAM  
Name            PATTERSON, VERONICA  
Address        231 MEADOWLAKE DRIVE  
City-State-Zip: EDGEWATER FL 32141

*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:** JEFF CONSDORF

**TREASURER**

01/20/2023

Electronic Signature of Signing Officer/Director Detail

Date