2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002421

Entity Name: EXETER CONDOMINIUM D ASSOCIATION, INC.

Current Principal Place of Business:

C/O PHOENIX MANAGEMENT SERVICES
7680 NOB HILL ROAD
TAMARAC, FL 33321

Current Mailing Address:

C/O PHOENIX MANAGEMENT SERVICES
7680 NOB HILL ROAD
TAMARAC, FL 33321 US

FEI Number: 65-1042727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RACHEL E. FRYDMAN, PA
9825 MARINA BOULEVARD
SUITE 100
BOCA RATON, FL 33428 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 FRYDMAN   03/08/2023
_____
          Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	TREASURER, / SECRETARY	Title	PRESIDENT
Name	SCHAMES, BRUCE	Name	ROSENBERG, VALERIE
Address	C/O PHOENIX MANAGEMENT SERVICES 7680 NOB HILL ROAD	Address	C/O PHOENIX MANAGEMENT SERVICES 7680 NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	VP	Title	DIRECTOR
Name	SANDLER, RICHARD	Name	PETRICONE, LEEANNE
Address	C/O PHOENIX MANAGEMENT SERVICES 7680 NOB HILL ROAD	Address	C/O PHOENIX MANAGEMENT SERVICES 7680 NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	DIRECTOR		
Name	CHESTNUT, STACEY		
Address	C/O PHOENIX MANAGEMENT SERVICES 7680 NOB HILL ROAD		
City-State-Zip:	TAMARAC FL 33321		

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: BRUCE SCHAMES   SECRETARY   03/08/2023
_____
          Electronic Signature of Signing Officer/Director Detail   Date