Electronic Signature of Signing Officer/Director Detail

PRESIDENT

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0100008875

Entity Name: SAXONY O CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SEACREST SERVICES, INC 2101 CENTREPARK WEST DRIVE 110 WEST PALM BEACH, FL 33409

Current Mailing Address:

C/O SEACREST SERVICES, INC 2101 CENTREPARK WEST DRIVE 110 WEST PALM BEACH, FL 33409 US

FEI Number: 01-0567118

Name and Address of Current Registered Agent:

GONGORA, MICHAEL ESQ. BECKER LAWYERS 121 ALHAMBRA PLAZA 10TH FLOOR CORAL GABLES, FL 33134 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.

The above hamed entity submits this statement for the purpose of changing its registered once of registered agent, or both, in the State of Pionda.						
SIGNATURE	: MICHAEL GONGORA, ESQ.	08/03/2021				
	Electronic Signature of Registered Agent		Date			
Officer/Director Detail :						
Title	PRESIDENT	Title	VP			
Name	DAVIS, JAMES L	Name	CIBLEY, JUDITH			
Address	C/O SEACREST SERVICES, INC 2101 CENTREPARK WEST DRIVE 110	Address	C/O SEACREST SERVICES, INC 2101 CENTREPARK WEST DRIVE 110			
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409			
Title	SECRETARY/TREASURER	Title	DIRECTOR			
Name	BROWN , LAURA	Name	CAVALLO, DENISE			
Address	C/O SEACREST SERVICES, INC 2101 CENTREPARK WEST DRIVE 110	Address	C/O SEACREST SERVICES, INC 2101 CENTREPARK WEST DRIVE 110			
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409			
Title	DIRECTOR					
Name	HEITZNER, MARIA					
Address	C/O SEACREST SERVICES, INC 2101 CENTREPARK WEST DRIVE 110					
City-State-Zip:	WEST PALM BEACH FL 33409					

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: JAMES L DAVIS

FILED Aug 03, 2021 Secretary of State 3294086055CC

Certificate of Status Desired: No

08/03/2021

Date