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: SCOTT SUMERFIELD

City-State-Zip: CLEARWATER FL 33763

Electronic Signature of Signing Officer/Director Detail

The above hamed	d entity submits this statement for the purpose of change	ing its registered onice of regis	lered agent, of both, in the State of F	ionua.
SIGNATURE	: JULIE LOVETERE			03
	Electronic Signature of Registered Agent			
Officer/Dire	ctor Detail :			
Title	VPD	Title	SD	
Name	ZEMAN, JOSEPH	Name	BASILE, PAT	
Address	24701 US HIGHWAY 19 N SUITE 102	Address	24701 US HIGHWAY 19 N SUITE 102	
City-State-Zip:	CLEARWATER FL 33763	City-State-Zip:	CLEARWATER FL 33763	
Title	PD	Title	TD	
Name	SUMERFIELD, SCOTT	Name	NELSON, JUDY	
Address	24701 US HIGHWAY 19 N SUITE 102	Address	24701 US HIGHWAY 19 N SUITE 102	

FEI Number: 59-2370079

Name and Address of Current Registered Agent:

LOVETERE, JULIE 24701 US HIGHWAY 19 N SUITE 102 CLEARWATER, FL 33763 US

Current Mailing Address: 24701 US HIGHWAY 19 N **SUITE 102** CLEARWATER, FL 33763 US

ASSOCIATION, INC.

24701 US HIGHWAY 19 N

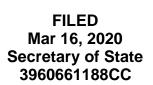
CLEARWATER, FL 33763

SUITE 102

DOCUMENT# N01452 Entity Name: THE WOODS AT ANDERSON PARK CONDOMINIUM

Current Principal Place of Business:

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT



Certificate of Status Desired: No

City-State-Zip: CLEARWATER FL 33763

PD

03/16/2020 Date

03/16/2020 Date