SUITE 201	PLACE			
MAITLAND, FL	. 32751			
,				
Current Mai	ling Address:			
P.O. BOX 16	0128			
ALTAMONT	E SPRINGS, FL 32716 US			
FEI Number: 14-1879903			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
	JACOBS PROPERTY MANAGEMENT			
461 A1A BEAC ST. AUGUSTIN	E, FL 32080 US			
The above name	I entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florid	а.
	d entity submits this statement for the purpose of changing its regi E ELLEN LUMPKIN	stered office or regis		ª.)3/10/2021
		stered office or regis		
	ELLEN LUMPKIN Electronic Signature of Registered Agent	stered office or regis		03/10/2021
SIGNATURE	ELLEN LUMPKIN Electronic Signature of Registered Agent	stered office or regis		03/10/2021
SIGNATURE Officer/Dire	ELLEN LUMPKIN Electronic Signature of Registered Agent Ctor Detail :		(03/10/2021
SIGNATURE Officer/Dire	ELLEN LUMPKIN Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	VP (03/10/2021
SIGNATURE Officer/Dire Title Name Address	ELLEN LUMPKIN Electronic Signature of Registered Agent Ctor Detail : PRESIDENT JEBAILEY, JOSEPH S	Title Name Address	VP HARB, A. TOM	03/10/2021 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	ELLEN LUMPKIN Electronic Signature of Registered Agent Ctor Detail : PRESIDENT JEBAILEY, JOSEPH S P.O. BOX 160128 ALTAMONTE SPRINGS FL 32716	Title Name Address	VP HARB, A. TOM P.O. BOX 160128	03/10/2021 Date
SIGNATURE Officer/Dire Title Name Address	ELLEN LUMPKIN Electronic Signature of Registered Agent Ctor Detail : PRESIDENT JEBAILEY, JOSEPH S P.O. BOX 160128	Title Name Address	VP HARB, A. TOM P.O. BOX 160128	03/10/2021 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	ELLEN LUMPKIN Electronic Signature of Registered Agent Ctor Detail : PRESIDENT JEBAILEY, JOSEPH S P.O. BOX 160128 ALTAMONTE SPRINGS FL 32716	Title Name Address	VP HARB, A. TOM P.O. BOX 160128	03/10/2021 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	ELLEN LUMPKIN Electronic Signature of Registered Agent Ctor Detail : PRESIDENT JEBAILEY, JOSEPH S P.O. BOX 160128 ALTAMONTE SPRINGS FL 32716 DIRECTOR	Title Name Address	VP HARB, A. TOM P.O. BOX 160128	03/10/2021 Date

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: JOSEPH JEBAILEY

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 10, 2021 **Secretary of State** 7172797438CC

DOCUMENT# N0200002857

OWNERS ASSOCIATION, INC.

159 LOOKOUT PLACE

Current Principal Place of Business:

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: I-DRIVE CONVENTION CENTER PLAZA (NORTH) PROPERTY