| 604 GRANT CT SATELLITE BEA | ACH, FL 32937 | | | |
|--|--|-----------------------|---|---------------------|
| Current Mail | ing Address: | | | |
| 604 GRANT (SATELLITE E | CT BEACH, FL 32937 US | | | |
| FEI Number: 03-0457830 Certificate of Status De | | | ired: No | |
| Name and Address of Current Registered Agent: | | | | |
| | | | | |
| CAUDLE, JILL L 604 GRANT CT SATELLITE BEA | AINE ACH, FL 32937 US | | | |
| 604 GRANT CT SATELLITE BEA | | tered office or regis | tered agent, or both, in the State of Flo | rida. |
| 604 GRANT CT SATELLITE BEA The above named | ACH, FL 32937 US | tered office or regis | tered agent, or both, in the State of Flo | rida. 02/16/2024 |
| 604 GRANT CT SATELLITE BEA The above named | ACH, FL 32937 US entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the State of Flo | |
| 604 GRANT CT SATELLITE BEA The above named | ACH, FL 32937 US entity submits this statement for the purpose of changing its regis : JILL CAUDLE Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the State of Flo | 02/16/2024 |
| 604 GRANT CT SATELLITE BEA The above named SIGNATURE: | ACH, FL 32937 US entity submits this statement for the purpose of changing its regis : JILL CAUDLE Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the State of Flo | 02/16/2024 |
| 604 GRANT CT SATELLITE BEA The above named SIGNATURE: Officer/Direc Title | ACH, FL 32937 US entity submits this statement for the purpose of changing its regis : JILL CAUDLE Electronic Signature of Registered Agent etor Detail : | | | 02/16/2024 |
| 604 GRANT CT SATELLITE BEA The above named SIGNATURE: Officer/Direc Title Name | ACH, FL 32937 US entity submits this statement for the purpose of changing its regis : JILL CAUDLE Electronic Signature of Registered Agent etor Detail : PRESIDENT | Title | SECRETARY, TREASURER | 02/16/2024 |

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: JILL LAINE CAUDLE

SECRETARY

02/16/2024

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0200003658

Entity Name: BSV OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

FILED Feb 16, 2024 Secretary of State 7979643728CC

Date