

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000585

**Entity Name:** ALPHA OMEGA INSURANCE ASSOCIATION INC.

**Current Principal Place of Business:**

3410 OLIVA MARIE LANE  
JOHNS ISLAND, SC 29455

**Current Mailing Address:**

3410 OLIVA MARIE LANE  
JOHNS ISLAND, SC 29455 US

**FEI Number:** 54-2133487

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ENGELL, SCOTT  
3410 OLIVA MARIE LANE  
JOHNS ISLAND, FL 29455 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            ENGELL, SCOTT  
Address        3410 OLIVA MARIE LANE  
City-State-Zip: JOHNS ISLAND SC 29455

*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 ENGELL

02/03/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date