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: KATHRYN A KEHLMEIER

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Entity	Name	: รเ	JNSET	CAY L	AKES	S CONE	OMIN	IUM 16	500 AS	ssoc	ΙΑΤΙΟ	N,
-												

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

% KATHRYN A KEHLMEIER 314 NEWPORT DR # 1607 NAPLES, FL 34114

Current Mailing Address:

DOCUMENT# N0300005301

% KATHRYN A KEHLMEIER 314 NEWPORT DR # 1607 NAPLES, FL 34114 US

FEI Number: 20-2752405

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A. 4001 TAMIAMI TRAIL NORTH SUITE 410 NAPLES, FL 34103 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 named	renity submits this statement for the purpose of changing its	registered onice of regis	tered agent, or both, in the State of Th	onda.		
SIGNATURE	: JOSEPH E. ADAMS, ESQ	01/15/2020				
	Electronic Signature of Registered Agent					
Officer/Dired	ctor Detail :					
Title	PRESIDENT	Title	VP			
Name	KEHLMEIER, KATHRYN	Name	STANLEY, BEVERLY			
Address	314 NEWPORT DR # 1607	Address	314 NEWPORT DR. # 1608			
City-State-Zip:	NAPLES FL 34114	City-State-Zip:	NAPLES FL 34114			
Title	SECRETARY TREASURER					
Name	TURNER, PATRICIA					
Address	314 NEWPORT DRIVE # 1601					
City-State-Zip:	NAPLES FL 34114					

Certificate of Status Desired: No

INC.

01/15/2020

Date