Entity Name: INC.	SONGBIRD SUBDIVISION PROPERTY OWN	NERS ASSOC	5709)573647CC
Current Princ	cipal Place of Business:			
719 EAST PARK TALLAHASSEE,	-			
Current Mailin	ng Address:			
PO BOX 1308 TALLAHASSE	39 EE, FL 32317 US			
FEI Number: 38-3643079		Certificate of Status	Desired: No	
Name and Ad	Idress of Current Registered Agent:			
MCKEE, KAYLA 719 EAST PARK TALLAHASSEE, F				
,				
	entity submits this statement for the purpose of changing its regist	tered office or regis	tered agent, or both, in the State	of Florida.
The above named e		tered office or regist	tered agent, or both, in the State	of Florida. 04/29/2022
The above named e	entity submits this statement for the purpose of changing its regist	tered office or regis	tered agent, or both, in the State	
The above named e	entity submits this statement for the purpose of changing its regist KAYLA MCKEE Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State	04/29/2022
The above named e SIGNATURE: Officer/Direct	entity submits this statement for the purpose of changing its regist KAYLA MCKEE Electronic Signature of Registered Agent	tered office or regist	tered agent, or both, in the State	04/29/2022 Date
The above named e SIGNATURE: Officer/Direct Title	A contrast of the statement for the purpose of changing its registres in the statement for the purpose of changing its registres is the statement for the purpose of changing its registres is the statement for the purpose of changing its registres is the statement for the purpose of changing its registres is the statement for the purpose of changing its registres is the statement for the purpose of changing its registres is the statement for the purpose of changing its registres is the statement for the purpose of changing its registres is the statement for the purpose of changing its registres is the statement for the purpose of changing its registres is the statement for the purpose of changing its registres is the statement for the purpose of changing its registres is the purpose of changing its registr			04/29/2022 Date
The above named e SIGNATURE: Officer/Direct Title	A KAYLA MCKEE Electronic Signature of Registered Agent tor Detail :	Title	SECRETARY, TREASURE	04/29/2022 Date
The above named e SIGNATURE: Officer/Direct Title Name Q Address H	A Constant of the statement for the purpose of changing its registred KAYLA MCKEE Electronic Signature of Registered Agent tor Detail : VP O'CONNOR, DOUG	Title Name	SECRETARY, TREASURE EWALDT, JEFF	04/29/2022 Date
The above named e SIGNATURE: Officer/Direct Title Name A Address H City-State-Zip:	A A YLA MCKEE Electronic Signature of Registered Agent tor Detail : VP O'CONNOR, DOUG PO BOX 13089	Title Name Address	SECRETARY, TREASURE EWALDT, JEFF PO BOX 13089	04/29/2022 Date
The above named e SIGNATURE: Officer/Direct Title Name Address City-State-Zip: Title	A Constant of the purpose of changing its registred KAYLA MCKEE Electronic Signature of Registered Agent tor Detail : VP O'CONNOR, DOUG PO BOX 13089 TALLAHASSEE FL 32317	Title Name Address City-State-Zip:	SECRETARY, TREASURE EWALDT, JEFF PO BOX 13089 TALLAHASSEE FL 32317	04/29/2022 Date
The above named e SIGNATURE: Officer/Direct Title Name Address City-State-Zip: Title Name	AAYLA MCKEE Electronic Signature of Registered Agent tor Detail : VP O'CONNOR, DOUG PO BOX 13089 TALLAHASSEE FL 32317 PRESIDENT	Title Name Address City-State-Zip: Title	SECRETARY, TREASURE EWALDT, JEFF PO BOX 13089 TALLAHASSEE FL 32317 DIRECTOR	04/29/2022 Date
The above named e SIGNATURE: Officer/Direct Title Name Address Title Title Address Title Address Address Address Title Address Address Address	A A YLA MCKEE Electronic Signature of Registered Agent tor Detail : VP O'CONNOR, DOUG PO BOX 13089 TALLAHASSEE FL 32317 PRESIDENT HARVEY, DANA	Title Name Address City-State-Zip: Title Name Address	SECRETARY, TREASURE EWALDT, JEFF PO BOX 13089 TALLAHASSEE FL 32317 DIRECTOR RAINEY, JOHN	04/29/2022 Date

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SONGBIRD SUBDIVISION PROPERTY OWNERS ASSOCIATION,

DOCUMENT# N0300006232

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.

MCKEE, KAYLA

PO BOX 13089

TALLAHASSEE FL 32317

Name

Address

City-State-Zip:

MANAGER

04/29/2022

FILED Apr 29, 2022

Secretary of State

Electronic Signature of Signing Officer/Director Detail