Entit	y Name:	BLACK L/	AKE PARH	<pre>K HOMEO\</pre>	NNERS' /	ASSOCIATIO	N, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

C/O ARTEMIS LIFESTYLES, INC 1631 E. VINE STREET, SUITE 300 KISSIMMEE, FL 34744

DOCUMENT# N0400009340

Current Mailing Address:

C/O ARTEMIS LIFESTYLES, INC 1631 E. VINE STREET, SUITE 300 KISSIMMEE, FL 34744 US

FEI Number: 20-2679984

Name and Address of Current Registered Agent:

ARTEMIS LIFESTYLE SERVICES, INC. 1631 E. VINE STREET, SUITE 300 KISSIMMEE, FL 34744 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.

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SIGNATURE	: DAVID BURMAN			03/09/2022					
	Electronic Signature of Registered Agent			Date					
Officer/Director Detail :									
Title	PRESIDENT	Title	SECRETARY, TREASURER						
Name	GIBBS, JOHN	Name	BRUNSON, MICHAEL J						
Address	C/O ARTEMIS LIFESTYLES, INC 1631 E. VINE STREET, SUITE 300	Address	1631 EAST VINE STREET SUITE 300						
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744						
Title	VP								
Name	PEDEN, ANDREW V								
Address	1631 EAST VINE STREET SUITE 300								
City-State-Zip:	KISSIMMEE FL 34744								

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.

PRESIDENT

SIGNATURE: JOHN GIBBS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

03/09/2022

Date