Entity Name		SSOCIATION,	INC.	Apr 28, 2023 Secretary of State 2519487969CC
Current Mai	ling Address:			
409 GARRIS PORT SAIN	SON AVE FJOE, FL 32456 US			
FEI Number	: 20-1790836		Certificate of S	Status Desired: No
Name and A	ddress of Current Registered Agent:			
	I AVE DE, FL 32456 US			
The above name	n and a national state of the s	to us all affine and us aris	(
	I entity submits this statement for the purpose of changing its regis	terea onice or regis	tered agent, or both, in	the State of Florida.
	I entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in	04/28/2023
		tered office or regis	tered agent, or both, in	
	Electronic Signature of Registered Agent	terea onice or regis	tered agent, or both, in	04/28/2023
SIGNATURE	Electronic Signature of Registered Agent	Title	DIRECTOR	04/28/2023
SIGNATURE Officer/Dire	JOSEPH P FARRELL JR Electronic Signature of Registered Agent ctor Detail :			04/28/2023
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : DIRECTOR	Title	DIRECTOR	04/28/2023 Date
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : DIRECTOR WILLIAMS, PAUL 409 GARRISON AVE	Title Name	DIRECTOR HUSBAND, JACK 409 GARRISON A	04/28/2023 Date
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : DIRECTOR WILLIAMS, PAUL 409 GARRISON AVE	Title Name Address	DIRECTOR HUSBAND, JACK 409 GARRISON A	04/28/2023 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : DIRECTOR WILLIAMS, PAUL 409 GARRISON AVE PORT ST JOE FL 32456	Title Name Address	DIRECTOR HUSBAND, JACK 409 GARRISON A	04/28/2023 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Electronic Signature of Registered Agent DIRECTOR WILLIAMS, PAUL 409 GARRISON AVE PORT ST JOE FL 32456 DIRECTOR	Title Name Address	DIRECTOR HUSBAND, JACK 409 GARRISON A	04/28/2023 Date

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: JACK HUSBAND

DIRECTOR

FILED Apr 28, 2023

Electronic Signature of Signing Officer/Director Detail