

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010356

**Entity Name:** YELLOW BLUFF COMMERCIAL ASSOCIATION, INC.

**Current Principal Place of Business:**

7643 GATE PARKWAY SUITE 104-142  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7643 GATE PARKWAY SUITE 104-142  
JACKSONVILLE, FL 32256

**FEI Number:** 20-2587968

**Certificate of Status Desired:** No

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

KIRCHNER, KATIE  
7643 GATE PARKWAY  
SUITE 104-142  
JACKSONVILLE, FL 32256 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:** KATIE KIRCHNER

04/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PTD  
Name PATTERSON, GUY R  
Address 11512 LAKE MEAD AVENUE  
SUITE 102  
City-State-Zip: JACKSONVILLE FL 32256

Title VPSD  
Name TANDON, GAURAV  
Address 4559 SWILCAN BRIDGE LANE N  
City-State-Zip: JACKSONVILLE FL 32224

Title D  
Name KIRCHNER, KATIE  
Address 7643 GATE PARKWAY  
SUITE 104-142  
City-State-Zip: JACKSONVILLE FL 32256

*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:** KATIE KIRCHNER

D

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date