

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05000004190

**Entity Name:** VILLAGES OF BLOOMINGDALE CONDOMINIUM NO. 6 ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 20-2740905

**Certificate of Status Desired:** No

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

ASSOCIA GULF COAST  
C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
ST. PETERSBURG, FL 33702 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:** ANNETTE BYRD

11/14/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT  
Name WASILEFSKY, ISAAC  
Address C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY  
Name GLASS, ROBERT  
Address C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER  
Name PIERRE, ANNE  
Address C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** WASILEFSKY , ISAAC

VP

11/14/2022

Electronic Signature of Signing Officer/Director Detail

Date