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: BRUCE NOBLE

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907

#### **Current Mailing Address:**

12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907 US

DOCUMENT# N0500009479

## FEI Number: 26-1377079

### Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907 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	E MARK RUDLAND			03/03/2021	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	VP		
Name	NOBLE, BRUCE	Name	SHIPLEY, TARA		
Address	12734 KENWOOD LANE SUITE 49	Address	12734 KENWOOD LANE SUITE 49		
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907		
Title	SECRETARY, TREASURER				
Name	LAPOINTE, CHRIS				
Address	12734 KENWOOD LANE SUITE 49				
City-State-Zip:	FORT MYERS FL 33907				

Certificate of Status Desired: No

Mar 03, 2021 Secretary of State 5042493163CC

FILED

PRESIDENT

03/03/2021