

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009595

Entity Name: SAN LINO CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

C/O REALMANAGE
333 TAMIAMI TRAIL SOUTH SUITE 217
VENICE, FL 34285

Current Mailing Address:

C/O REALMANAGE
PO BOX 803555
DALLAS, TX 75380 US

FEI Number: 20-3521495**Certificate of Status Desired: No****Name and Address of Current Registered Agent:**

COCHRAN, MICHAEL F. ESQ.
LAW OFFICES OF WELLS, OLAH
1800 SECOND STREET SUITE 808
SARASOTA , FL 34236 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: MICHAEL COCHRAN, ESQ**05/18/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KENNY, ROBERT
Address C/O REALMANAGE
 333 TAMIAMI TRAIL SOUTH SUITE 217

City-State-Zip: VENICE FL 34285

Title VP
Name RAWN, PAMELA
Address C/O REALMANAGE
 333 TAMIAMI TRAIL SOUTH SUITE 217

City-State-Zip: VENICE FL 34285

Title SECRETARY
Name EVERHART, MICHAEL
Address C/O REALMANAGE
 333 TAMIAMI TRAIL SOUTH SUITE 217

City-State-Zip: VENICE FL 34285

Title TREASURER
Name MURAWSKI, DANIEL
Address C/O REALMANAGE
 333 TAMIAMI TRAIL SOUTH SUITE 217

City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name TAYLOR, WILLIAM
Address C/O REALMANAGE
 333 TAMIAMI TRAIL SOUTH SUITE 217

City-State-Zip: VENICE FL 34285

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: ROBERT KENNY**PRESIDENT****05/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date