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.

PRESIDENT

SIGNATURE: CHARLES MUTRUX

Electronic Signature of Signing Officer/Director Detail

Entity Name: SOUTH PASS CONDOMINIUM ASSOCIATION, INC. Current Principal Place of Business:

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

1490 NE PINE ISLAND ROAD SUIT 8-D CAPE CORAL, FL 33909

Current Mailing Address:

1490 NE PINE ISLAND ROAD SUIT 8-D CAPE CORAL, FL 33909

DOCUMENT# N0600004397

FEI Number: 20-5006716

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT 125 SW 3RD PL UNIT 207 CAPE CORAL, FL 33991 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:

Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	SECRETARY, TREASURER	Title	VP
Name	GOTTSCHAULK, PATRICIA	Name	KUZMUK, MICHAEL
Address	105 BRISTOL SQUARE	Address	1804 ILLINI DRIVE
City-State-Zip:	PITTSBURGH PA 15238	City-State-Zip:	NEW LENOX IL 60451
Title	PRESIDENT		
Name	MUTRUX, CHARLES		
Address	PO BOX 1848		
City-State-Zip:	FORT MYERS FL 33902		

Certificate of Status Desired: No

Mar 23, 2017 Secretary of State CC8389842502

Date

FILED

03/23/2017 Date