| Current Mailing Address: PO BOX 3965 TALLAHASSEE, FL 32315 US | | | | |
|--|--|-----------------|---------------------------------------|-----------|
| FEI Number: 38-3759293 | | | Certificate of Status Desired: No | |
| Name and Address of Current Registered Agent: | | | | |
| SWAIN, PATRICIA 215 W COLLEGE AVENUE TALLAHASSEE, FL 32301 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: PATRICIA SWAIN | | | | 3/17/2020 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PRESIDENT | Title | VP | |
| Name | TAN, LEONG S | Name | TAN, SIEW M | |
| Address | 1500 FOX HOLLOW RD | Address | 1500 FOX HOLLAD RD | |
| City-State-Zip: | NISAYUANA NY 12309 | City-State-Zip: | NISKAYUNA NY 12309 | |
| Title | SECRETARY TREASURER | Title | MANAGING AGENT | |
| Name | DODD, ANDREW | Name | CAPITAL ASSOCIATION MANAGEMENT LLC | |
| Address | 990 WEST BREVARD STREET UNIT 421 | Address | PO BOX 3965 | |

City-State-Zip: TALLAHASSEE FL 32315

CFO

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: KYLE ROWELL

City-State-Zip: TALLAHASSEE FL 32304

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0700003585

Entity Name: RICHMOND PLACE CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

990 WEST BREVARD STREET TALLAHASSEE, FL 32304

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FILED Mar 17, 2020 **Secretary of State** 0325049024CC

03/17/2020

Date