| 2121 KILLARNI TALLAHASSEE | | | | |
|--|---|-----------------|-------------------------------------|--------------------|
| Current Mai | ling Address: | | | |
| | CE BOX 11143 SEE, FL 32302 US | | | |
| FEI Number: 26-2747466 | | | Certificate of Status Desired: No | |
| Name and A | ddress of Current Registered Agent: | | | |
| FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC. 2121 KILLARNEY WAY TALLAHASSEE, FL 32309 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 | : JOANIE TROTMAN | - | | 04/18/2022 |
| SIGNATURE | Electronic Signature of Registered Agent | | | 04/18/2022 Date |
| SIGNATURE Officer/Dire | Electronic Signature of Registered Agent | | | |
| | Electronic Signature of Registered Agent | Title | S/TD | |
| Officer/Dire | Electronic Signature of Registered Agent | Title Name | S/TD BRIER, BOB | |
| Officer/Dire Title | Electronic Signature of Registered Agent ctor Detail : VPD | | | |
| Officer/Dire Title Name | Electronic Signature of Registered Agent ctor Detail : VPD VORA, KETAN POST OFFICE BOX 11143 | Name | BRIER, BOB POST OFFICE BOX 11143 | |
| Officer/Dire Title Name Address | Electronic Signature of Registered Agent ctor Detail : VPD VORA, KETAN POST OFFICE BOX 11143 | Name Address | BRIER, BOB POST OFFICE BOX 11143 | |
| Officer/Dire Title Name Address City-State-Zip: | Electronic Signature of Registered Agent ctor Detail : VPD VORA, KETAN POST OFFICE BOX 11143 TALLAHASSEE FL 32302 | Name Address | BRIER, BOB POST OFFICE BOX 11143 | |
| Officer/Dire Title Name Address City-State-Zip: Title | Electronic Signature of Registered Agent ctor Detail : VPD VORA, KETAN POST OFFICE BOX 11143 TALLAHASSEE FL 32302 MANAGING AGENT FLORIDA ASSOCIATION & PROPERTY | Name Address | BRIER, BOB POST OFFICE BOX 11143 | |

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: JOANIE TROTMAN

CAM

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0700006122

Entity Name: WATER STREET HOTEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2121 KILI ARNEY WAY

Apr 18, 2022 Secretary of State 2609757763CC

FILED

Date