Current Prir	cipal Place of Business:			
1000 PINE HOL	LOW POINT			
ALTAMONTE S	PRINGS, FL 32714			
Current Mai	ling Address:			
	IOLLOW POINT E SPRINGS, FL 32714 US			
FEI Number: 26-1358167		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
1000 PINE HOL	NAGEMENT COMPANY LOW POINT PRINGS, FL 32714 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: BRETT M JORDAN				04/0000
			03/	21/2023
	Electronic Signature of Registered Agent		03/	Date
Officer/Dire	Electronic Signature of Registered Agent		03/	
	Electronic Signature of Registered Agent	Title	VP	
Officer/Dire	Electronic Signature of Registered Agent	Title Name		
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PRESIDENT		VP	
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BACA, THOMAS 1000 PINE HOLLOW POINT	Name	VP CLARKE ADAMS, CHERISE	
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BACA, THOMAS 1000 PINE HOLLOW POINT	Name Address	VP CLARKE ADAMS, CHERISE 1000 PINE HOLLOW POINT	
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BACA, THOMAS 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714	Name Address City-State-Zip:	VP CLARKE ADAMS, CHERISE 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714	
Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BACA, THOMAS 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 DIRECTOR	Name Address City-State-Zip: Title	VP CLARKE ADAMS, CHERISE 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 SECRETARY, TREASURER	
Officer/Direct Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BACA, THOMAS 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 DIRECTOR STOUGH PETERS, KALEIGH 1000 PINE HOLLOW POINT	Name Address City-State-Zip: Title Name	VP CLARKE ADAMS, CHERISE 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 SECRETARY, TREASURER KIRPALANI, NATESH 1000 PINE HOLLOW POINT	
Officer/Direc Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BACA, THOMAS 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 DIRECTOR STOUGH PETERS, KALEIGH 1000 PINE HOLLOW POINT	Name Address City-State-Zip: Title Name Address	VP CLARKE ADAMS, CHERISE 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 SECRETARY, TREASURER KIRPALANI, NATESH 1000 PINE HOLLOW POINT	

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: THOMAS BACA

Address

03/21/2023

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

## DOCUMENT# N07000010126

Entity Name: VIA LAGO AT HANGING MOSS CONDOMINIUM ASSOCIATION, INC.

<u>.</u> .

1000 PINE HOLLOW POINT

City-State-Zip: ALTAMONTE SPRINGS FL 32714

# FILED Mar 21, 2023 **Secretary of State** 5044013211CC

Date