### 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: DIANNE BALLARANO

Electronic Signature of Signing Officer/Director Detail

SECRETARY

Name	EDWARDS, CAROL	Name	BALLARANO, DIANNE
Address	720 S. TUTTLE AVE	Address	3584 CRYSTAL LAKES CT
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34235
Title	TREASURER	Title	VP
Name	BAKER , DAWN	Name	MALIZIO, CHARLENE
Address	5711 BENTGRASS DRIVE UNIT 103	Address	4253 DEERFIELD DR
City-State-Zip:	SARASOTA FL 34247	City-State-Zip:	SARASOTA FL 34233

City-State-Zip: SARASOTA FL 34247

The above named e	ntity submits this statement for the purpose of changing its registe	ered office or regist	ered agent, or bot			
SIGNATURE:	CINDY HICKS					
	Electronic Signature of Registered Agent					
Officer/Director Detail :						
Title F	PRESIDENT	Title	SECRETARY			
Name E	EDWARDS, CAROL	Name	BALLARANO,			
Address 7	720 S. TUTTLE AVE	Address	3584 CRYSTA			

## 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.

## Name and Address of Current Registered Agent:

SUITE 636

HICKS, CINDY 1250 CORNISH CT SARASOTA, FL 34232 US

### FEI Number: 65-0995838

**Current Mailing Address:** 

501 N. BENEVA ROAD SARASOTA, FL 34232

SUITE 636 SARASOTA, FL 34232

501 N. BENEVA ROAD

### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0800005735

Entity Name: F O E AUXILIARY SARA-MANA 4424 INC.

# **Current Principal Place of Business:**

04/30/2019

04/30/2019 Date

### FILED Apr 30, 2019 Secretary of State 0655744869CC

Certificate of Status Desired: No

Date