

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08246

Entity Name: 3485 PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**421 GOLD MEDAL COURT
LONGWOOD, FL 32750**Current Mailing Address:**421 GOLD MEDAL COURT
LONGWOOD, FL 32750 US**FEI Number:** 59-2712742**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAMBERS, JACQUELINE J
4101 LAKE MIRA DRIVE
ORLANDO, FL 32817 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_____
Date**Officer/Director Detail :**

Title	PD
Name	JORGENSEN, PHILIP D.
Address	128 PARSONS ROAD
City-State-Zip:	LONGWOOD FL 32750

Title	VP
Name	CHAMBERS JR., WARREN C.
Address	4101 LAKE MIRA DRIVE
City-State-Zip:	ORLANDO FL 32817

Title	D
Name	JARNAGIN, PAT
Address	11632 NW 142ND AVENUE
City-State-Zip:	POLK CITY IA 50226

Title	STD
Name	CHAMBERS, JACQUELINE J
Address	4101 LAKE MIRA DRIVE
City-State-Zip:	ORLANDO FL 32817
Title	DIRECTOR
Name	MALLARD, CATHLEEN E
Address	3485 SO. ATLANTIC AVENUE, 2S
City-State-Zip:	COCOA BEACH FL 32817

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: JACQUELINE J. CHAMBERS

STD

02/13/2017

Electronic Signature of Signing Officer/Director Detail_____
Date