

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011942

Entity Name: AYURVEDA HEALTH RETREAT, INC.

Current Principal Place of Business:

14616 NW 140TH ST
ALACHUA, FL 32616

Current Mailing Address:

PO 1620
ALACHUA, FL 32616 US

FEI Number: 59-3695921

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASLA, RICHARD
14616 NW 140TH ST
ALACHUA, FL 32616 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 D
Name MASLA, RICHARD
Address 14616 NW 140TH ST
City-State-Zip: ALACHUA FL 32616

Title D
Name KRUSZEWSKA, ANIA
Address 6400 NW 106 PLACE #2
City-State-Zip: ALACHUA FL 32615

Title D
Name MASLA, SYAMA
Address P O BOX 1620
City-State-Zip: ALACHUA FL 32616

Title VC
Name MASLA, DHYANA P
Address PO 1620
City-State-Zip: ALACHUA FL 32616

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: RICHARD A. MASLA

04/01/2013

Electronic Signature of Signing Officer/Director Detail

Date