## 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N10000011942

Entity Name: AYURVEDA HEALTH RETREAT, INC.

**FILED** Feb 02, 2024 Secretary of State 3495808963CC

## **Current Principal Place of Business:**

6400 NW 106TH PL #2 ALACHUA, FL 32615

6400 NW 106TH PL #2 ALACHUA, FL 32615

## **Current Mailing Address:**

6400 NW 106TH PL #2 ALACHUA, FL 32615 6400 NW 106TH PL #2 ALACHUA, FL 32615 US

FEI Number: 27-4668192 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MASLA, RICHARD 6400 NW 106TH PL #2 ALACHUA, FL 32615 6400 NW 106TH PL #2 #2 ALACHUA, FL 32615 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: RICHARD MASLA 02/02/2024

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

ALACHUA FL 32615

Officer/Director Detail:

Address

Address

City-State-Zip:

Title Title D ASST. TREASURER

Name MASLA, RICHARD D Name KRUSZEWSKA, ANIA ASST.

**TREASURER** 6400 NW 106TH PL #2

Address 6400 NW 106 PLACE #2 City-State-Zip: ALACHUA FL 32615 City-State-Zip: ALACHUA FL 32615

Title **SECRETARY** Title ASST. SECRETARY

Name MASLA, SYAMA SECRETARY MASLA, DHYANA P ASST. Name

6400 NW 106TH PL #2 ALACHUA, FL 6400 NW 106TH PL #2 ALACHUA, FL Address 32615

32615 ALACHUA FL 32615

Title **TREASURER** 

Name JOSE, FALQUEZ TREASURER

Address 6400 NW 106TH PL #2 ALACHUA, FL

32615

City-State-Zip: ALACHUA FL 32615

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.

02/02/2024 SIGNATURE: RICHARD MASLA DIRECTOR