2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N11000006233

Entity Name: CONSTRUCTION ANGELS, INC.

Current Principal Place of Business:

4521 PGA BLVD SUITE 112

PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4521 PGA BLVD SUITE 122

PALM BECH GARDENS, FL 33418 US

FEI Number: 45-3044158 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RONYAK, KRISTI L 4521 PGA BLVD SUITE 112 PALM BEACH GARDENS, FL 33418 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: KRISTI L RONYAK 02/27/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Address

City-State-Zip:

Title PRESIDENT Title ASST. TREASURER, |DIRECTOR OF

OPERATIONS

FILED

Feb 27, 2025

Secretary of State 5098905488CC

Name RONYAK, KRISTI Name MCCLOSKEY, JENNIFER L

4521 PGA BLVD
SUITE 112
Address
4857 OXFORD ROAD

PALM BEACH GARDENS FL 33418 City-State-Zip: MACON GA 31210

Title CA MD/DC/DE DIRECTOR Title CA ORLANDO GOLF DIRECTOR

Name WOOLBRIGHT, KEVIN Name LENEIS, CARL

Address 4521 PGA BLVD SUITE 112 Address 4521 PGA BLVD SUITE 112

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title MI DIRECTOR Title CHAIRMAN

Name GRAHAM, LEE Name JOYCE, CHRIS

Address 4521 PGA BLVD SUITE 112 Address 4521 PGA BLVD SUITE 112

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title CA FL DIRECTOR Title DIRECTOR

Name THRASHER, THOMAS Name SALLES, AUGUSTO

Address 4521 PGA BLVD SUITE 112 Address 2730 SOUTH FALKENBURG ROAD

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: RIVERVIEW FL 33578

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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: JENNIFER L MCCLOSKEY

ASST. TREASURER

02/27/2025

Officer/Director Detail Continued:

Title DIRECTOR

Name RECKNER, NEIL

Address 2800 FOSTORIA AVE

City-State-Zip: FINDAY OH 45840