## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11302

Entity Name: ONE CARROLLWOOD PLACE CONDOMINIUM ASSOCIATION,

INC.

**FILED** Apr 27, 2024 Secretary of State 3402620484CC

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

C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702

## **Current Mailing Address:**

C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 US

FEI Number: 59-2654035 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIA GULF COAST C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 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: ANNETTE BYRD 04/27/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title

ALPHONSO VALDEZ GROUP, INC. Name Name TAL GROUP HOLDINGS LLC

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **DIRECTOR** 

MUNDRE, SHYAM BLICKENSDERFER, MICHAEL C. Name Name

C/O ASSOCIA GULF COAST C/O ASSOCIA GULF COAST Address Address

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

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.