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 path; 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: DON PARSONS

Electronic Signature of Signing Officer/Director Detail

AUTH, MARCIA

322 LAUREL HOLLOW DR

NOKOMIS FL 34275

Address 203 LAUREL HOLLOW DRIVE

SECRETARY

PRESIDENT

PARSONS, DON

NOKOMIS FL 34275 City-State-Zip:

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.

Title

Name

Address

City-State-Zip:

TREASURER

PRESIDENT

CREMIN, BRIAN

NOKOMIS FL 34275

211 LAUREL HOLLOW DRIVE

FEI Number: 59-2717070

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SUNVAST PROPERTIES, INC. 321 INTERSTATE BLVD SARASOTA, FL 34240 US

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11841

Entity Name: LAUREL HOLLOW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

321 INTERSTATE BLVD SARASOTA, FL 34240

Current Mailing Address:

C/O SUNVAST PROPERTIES, INC. 321 INTERSTATE BLVD SARASOTA, FL 34240 US

SIGNATURE: JAMES RO

Officer/Director Detail :

Title

Title Name

ı 0 а

Name

Address

City-State-Zip:

FILED Apr 02, 2019 Secretary of State 5851098327CC

04/02/2019 Date

Certificate of Status Desired: No

Date

04/02/2019