#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N14000004797

Entity Name: ARSI CONDOMINIUM ASSOCIATION, INC.

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

C/O ANGELA GRAVALLESE 864 JEFFERY STREET BOCA RATON, FL 33487

## **Current Mailing Address:**

C/O ANGELA GRAVALLESE 864 JEFFERY STREET BOCA RATON, FL 33487 US

## FEI Number: 47-3712967

### Name and Address of Current Registered Agent:

GRAVALLESE, ANGELA C/O ANGELA GRAVALLESE 864 JEFFERY STREET BOCA RATON, FL 33487 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                 | ANGELA GRAVALLESE                        |                 |                        | 03/07/2018 |
|---------------------------|--|-----------------|------------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                        | Date       |
| Officer/Director Detail : |  |                 |                        |            |
| Title                     | D  | Title           | D                      |            |
| Name                      | GEESEY, BRENDA                           | Name            | GRAVALLESE, ANGELA     |            |
| Address                   | 2610 N HWY 101                           | Address         | 864 JEFFERY STREET     |            |
| City-State-Zip:           | GREER SC 29651                           | City-State-Zip: | BOCA RATON FL 33487    |            |
| Title                     | D  | Title           | D                      |            |
| Name                      | HILL, DONALD M                           | Name            | BRAY, NATHANIEL J      |            |
| Address                   | 16 APPLETON ROAD #1                      | Address         | 7450 LIVERPOOL COURT   |            |
| City-State-Zip:           | NEW IPSWICH NH 03071                     | City-State-Zip: | BOYNTON BEACH FL 33472 |            |

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.

DIRECTOR

### SIGNATURE: ANGELA GRAVALLESE

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 07, 2018 Secretary of State CC1159001455

Certificate of Status Desired: No

03/07/2018 Date