DOCUMENT# N16000003598 Entity Name: GREENSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.			NC. Secre	Mar 20, 2018 Secretary of State CC0789984209
Current Prin 6454 RIDGE RI PORT RICHEY				1789984209
Current Mai	ling Address:			
PO BOX 140 PORT RICH	07 EY, FL 34673 US			
FEI Number: 81-4321993 Certificate of Status			Desired: No	
Name and A	Address of Current Registered Agent:			
COASTAL HOA 6454 RIDGE RI PORT RICHEY	=			
	,12 34000 03			
	d entity submits this statement for the purpose of changing its i	egistered office or regis	tered agent, or both, in the Stat	e of Florida.
The above name		registered office or regis	tered agent, or both, in the Stat	e of Florida. 03/20/2018
The above name	d entity submits this statement for the purpose of changing its r	egistered office or regis	tered agent, or both, in the Stat	
The above name	d entity submits this statement for the purpose of changing its i E: MARYANN SYRASKI Electronic Signature of Registered Agent	egistered office or regis	tered agent, or both, in the Stat	03/20/2018
The above named	d entity submits this statement for the purpose of changing its i E: MARYANN SYRASKI Electronic Signature of Registered Agent	registered office or regis	tered agent, or both, in the Stat	03/20/2018
The above name SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changing its r E: MARYANN SYRASKI Electronic Signature of Registered Agent ctor Detail :			03/20/2018
The above name SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changing its in E: MARYANN SYRASKI Electronic Signature of Registered Agent ctor Detail : PRESIDENT	Title	DIRECTOR	03/20/2018
The above named SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its in E: MARYANN SYRASKI Electronic Signature of Registered Agent ctor Detail : PRESIDENT ALVAREZ, CHAD	Title Name Address	DIRECTOR LAQUERRE, MICHAEL	03/20/2018 Date
The above named SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its in E: MARYANN SYRASKI Electronic Signature of Registered Agent Ctor Detail : PRESIDENT ALVAREZ, CHAD PO BOX 1407	Title Name Address	DIRECTOR LAQUERRE, MICHAEL PO BOX 1407	03/20/2018 Date
The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its r E MARYANN SYRASKI Electronic Signature of Registered Agent ctor Detail : PRESIDENT ALVAREZ, CHAD PO BOX 1407 PORT RICHEY FL 34673	Title Name Address	DIRECTOR LAQUERRE, MICHAEL PO BOX 1407	03/20/2018 Date
The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its i E MARYANN SYRASKI Electronic Signature of Registered Agent ctor Detail : PRESIDENT ALVAREZ, CHAD PO BOX 1407 PORT RICHEY FL 34673 DIRECTOR	Title Name Address	DIRECTOR LAQUERRE, MICHAEL PO BOX 1407	03/20/2018 Date

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: CHAD ALVAREZ

PRESIDENT

03/20/2018

FILED

Electronic Signature of Signing Officer/Director Detail