

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000006920

Entity Name: ERIKSON PARK OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1631 E VINE STREET
STE 300
KISSIMMEE, FL 34744**Current Mailing Address:**1631 E. VINE STREET
SUITE 300
KISSIMMEE, FL 34744 US**FEI Number:** 87-1572199**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARTEMIS LIFESTYLE SERVICES
1631 E. VINE STREET
SUITE 300
KISSIMMEE, FL 34744 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:** WESLEY C DONLEY

04/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------------------|
| Title | PRESIDENT |
| Name | MOLINE , BILL |
| Address | 1631 EAST VINE STREET SUITE 300 |
| City-State-Zip: | KISSIMMEE FL 34744 |

| | |
|-----------------|-------------------------------|
| Title | SECRETARY, TREASURER |
| Name | LEE, CHRISTOPHER |
| Address | 1631 E VINE STREET STE 300 |
| City-State-Zip: | KISSIMMEE FL 34744 |

| | |
|-----------------|-------------------------------|
| Title | VP |
| Name | KINGSLEY , BRADLEY |
| Address | 1631 E VINE STREET STE 300 |
| City-State-Zip: | KISSIMMEE FL 34744 |

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: BILL MOLINE

PRESIDENT

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date