<b>Current Pri</b> 2027 SWAN LA PALM HARBOI			105175	806766	
Current Mai	ling Address:				
P O BOX 57	1				
PALM HARE	BOR, FL 34682 US				
FEI Number: 59-2836105		Certificate of Status Desired: Yes			
Name and Address of Current Registered Agent:					
LORD, SHANN					
	2027 ŚWAN LANE PALM HARBOR, FL. 34683. US				
	d entity submits this statement for the purpose of changing its reg	stered office or regis	tered agent, or both, in the State of Fl		
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		istered office or regis	tered agent, or both, in the State of Fi		
SIGNATUR	E: SHANNON LORD	stered office or regis	tered agent, or both, in the State of Fi	01/28/2021	
SIGNATUR	E: SHANNON LORD Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fi	01/28/2021	
SIGNATURI Officer/Dire	E: SHANNON LORD Electronic Signature of Registered Agent ctor Detail :			01/28/2021	
SIGNATUR	E: SHANNON LORD Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	SECRETARY	01/28/2021	
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT IMLAH, TIM P O BOX 571	Title Name	SECRETARY LORD, SHANNON P O BOX 571	01/28/2021	
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT IMLAH, TIM P O BOX 571	Title Name Address	SECRETARY LORD, SHANNON P O BOX 571	01/28/2021	
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT IMLAH, TIM P O BOX 571 PALM HARBOR FL 34682	Title Name Address City-State-Zip:	SECRETARY LORD, SHANNON P O BOX 571 PALM HARBOR FL 34682	01/28/2021	
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: SHANNON LORD Electronic Signature of Registered Agent Ctor Detail : PRESIDENT IMLAH, TIM P O BOX 571 PALM HARBOR FL 34682 DIRECTOR	Title Name Address City-State-Zip: Title	SECRETARY LORD, SHANNON P O BOX 571 PALM HARBOR FL 34682 VP	01/28/2021	

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SEVER'S LANDING HOMEOWNERS' ASSOCIATION, INC.

DOCUMENT# N21631

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.

VP

SIGNATURE: ELAINE M WAHL

Electronic Signature of Signing Officer/Director Detail

01/28/2021

## Date

## FILED Jan 28, 2021 **Secretary of State** 1051758067CC