

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000004016

**Entity Name:** OLD MOULTRIE BLUFF OWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

909 N. PACIFIC COAST HWY, SUITE 840  
EL SEGUNDO, CA 90245

**Current Mailing Address:**

909 N. PACIFIC COAST HWY, SUITE 840  
EL SEGUNDO, CA 90245 US

**FEI Number: 88-3458689**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name SUDHAKER REDDY  
Address 909 N. PACIFIC COAST HWY, SUITE 840  
City-State-Zip: EL SEGUNDO CA 90245

Title D  
Name NICHOLAS GENESTA  
Address 909 N. PACIFIC COAST HWY, SUITE 840  
City-State-Zip: EL SEGUNDO CA 90245

Title D  
Name RICHARD BUNCH  
Address 909 N. PACIFIC COAST HWY, SUITE 840  
City-State-Zip: EL SEGUNDO CA 90245

*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: RYAN MAKI**

**AGENT**

**04/14/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date