

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000008596

**Entity Name:** 423 ALL SAINTS CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business:**

3972 N MONROE ST  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

3972 N MONROE ST  
TALLAHASSEE, FL 32303 US

**FEI Number:** 47-4089746

**Certificate of Status Desired:** No

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

HAYES, DANNY  
3972 N MONROE ST  
TALLAHASSEE, FL 32303 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 COREY, ADAM  
Address 3972 N MONROE ST  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name GABRIEL, SUSAN  
Address 3972 N MONROE ST  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name MANNES, EVAN  
Address 3972 N MONROE ST  
City-State-Zip: TALLAHASSEE FL 32303

Title MGR  
Name HAYES, DANNY  
Address 3972 N MONROE ST  
City-State-Zip: TALLAHASSEE FL 32303

*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: DANNY HAYES**

**MANAGER**

**02/10/2024**

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

\_\_\_\_\_  
Date