	The above named	ed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in t		
	SIGNATURE:			
		Electronic Signature of Registered Agent		
Officer/Director Detail :				
	Title	PD	Title	TD
	Name	SULLIVAN, KENNETH C	Name	COHEN, ROBERT
	Address	107 N. LINE DR.	Address	107 N. LINE DR.
	City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 3270

Current Mailing Address: 107 N. LINE DR APOPKA, FL 32703 US

FEI Number: 59-2871531

Name and Address of Current Registered Agent:

SUTHERLAND MANAGEMENT, INC. 107 N. LINE DR APOPKA, FL 32703 US

> SECRETARY MARKITA, RINA

107 N. LINE DR.

APOPKA FL 32703

the State of Florida.

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: KENNETH SULLIVAN

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N29145

Entity Name: COUNTRY ADDRESS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR APOPKA, FL 32703

Title

Name Address

City-State-Zip:

Certificate of Status Desired: No

TΑ '03

PRESIDENT

04/01/2015

Date

Date

FILED Apr 01, 2015 Secretary of State CC5174838069

Electronic Signature of Signing Officer/Director Detail