FEI Number: 59-2128668		Certificate of Status Desired: No	
Name and Address of Current Registered Agent:			
FIN A. FL 32960 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.			
: GRIFFIN A GREENE			01/07/2024
Electronic Signature of Registered Agent			Date
ctor Detail :			
DIRECTOR	Title	DIRECTOR, PRESIDENT	
GREENE, GRIFFIN A	Name	KYPREOS, THEO	
895 REEF RD	Address	505 S. FLAGLER DRIVE SUITE 1100	
VERO BEACH FL 32963	City-State-Zip:		l
DIRECTOR	Title SECRETARY Name BECHT, EDWARD W. I	SECRETARY	
HERSHMAN, MICHAEL			
C/O SOLOW REALTY 9 WEST 57TH STREET SUITE 4500	Address	321 S. 2ND STREET	
NEW YORK NY 10019	City-State-Zip:	FORT PIERCE FL 34950	
TREASURER, DIRECTOR			
LANGEL, JOHN			
2511 NORTH INDIAN RIVER DRIVE			
FT. PIERCE FL 34946			
	ddress of Current Registered Agent: FIN A. FL 32960 US Pentity submits this statement for the purpose of changing its regists entity submits this statement for the purpose of changing its regists entity submits this statement for the purpose of changing its regists entity submits this statement for the purpose of changing its regists entity submits this statement for the purpose of changing its regists entity submits this statement for the purpose of changing its regists entity submits this statement for the purpose of changing its regists entity submits this statement for the purpose of changing its regists Electronic Signature of Registered Agent Electronic Signature of Registered Agent DIRECTOR GREENE, GRIFFIN A 895 REEF RD VERO BEACH FL 32963 DIRECTOR HERSHMAN, MICHAEL C/O SOLOW REALTY 9 WEST 57TH STREET SUITE 4500 NEW YORK NY 10019 TREASURER, DIRECTOR LANGEL, JOHN 2511 NORTH INDIAN RIVER DRIVE	ddress of Current Registered Agent:   FIN A.   FL 32960 US   Pentity submits this statement for the purpose of changing its registered office or registered signature of Registered Agent   Electronic Signature of Registered Agent   Ctor Detail :   DIRECTOR Title   GREENE, GRIFFIN A Name   895 REEF RD Address   VERO BEACH FL 32963 City-State-Zip:   DIRECTOR Title   HERSHMAN, MICHAEL Name   9 WEST 57TH STREET SUITE 4500 Address   NEW YORK NY 10019 City-State-Zip:   TREASURER, DIRECTOR LANGEL, JOHN   2511 NORTH INDIAN RIVER DRIVE State-Zip:	ddress of Current Registered Agent:   FIN A.   FL 32960 US   rentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo.   If entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo.   If entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo.   If entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo.   If entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo.   If entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo.   If entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo.   If entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo.   If entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo.   If entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo.   If entity submits this statement for the purpose of changing its registered agent.   If entits submits this statement for the purpose of changing it

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: GRIFFIN GREENE

**REGISTERED AGENT** 

01/07/2024

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 757133** 

Entity Name: REBUS PROPERTY OWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

2075 38TH AVE VERO BEACH, FL 32960

## **Current Mailing Address:**

2075 38TH AVE VERO BEACH, FL 32960 US

## F

## N

FILED Jan 07, 2024 **Secretary of State** 1083343688CC

Electronic Signature of Signing Officer/Director Detail

Date