above, or on an attachment with all other like empowered. SECRETARY/TREASURER 03/15/2016 SIGNATURE: GUS BOCK

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

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 758830

Entity Name: 2775 ST. JOHNS AVENUE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2775 ST JOHNS AVENUE UNIT #1 JACKSONVILLE, FL 32205

Current Mailing Address:

2775 ST JOHNS AVENUE UNIT #1 JACKSONVILLE, FL 32205 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

JACKSONVILLE FL 32205

Electronic Signature of Registered Agent

AKEL, DANIEL DESQ 1 INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202 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:

City-State-Zip:

Officer/Director Detail : Title PRESIDENT Title SECRETARY/TREASURER CELSO, BRIAN Name BOCK, GUS Name 2775 ST JOHNS AVENUE UNIT #5 Address Address

Date

Certificate of Status Desired: Yes

2775 ST JOHNS AVENUE UNIT #1 City-State-Zip: JACKSONVILLE FL 32205

FILED Mar 15, 2016 Secretary of State CC8487163038

Date