## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 769461** 

Entity Name: CAJO ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY MIRAMAR, FL 33025

## **Current Mailing Address:**

C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY MIRAMAR, FL 33025 US

FEI Number: 59-2370121 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RICHARDSON, SKIP C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY MIRAMAR, FL 33025 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: SKIP RICHARDSON 04/29/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title **SECRETARY** 

Name CHINGA, PAQUITA Name HITCHINS, ROBERT MICHAEL

C/O ASSOCIATION SERVICES OF C/O ASSOCIATION SERVICES OF Address Address

**FLORIDA FLORIDA** 

10112 USA TODAY WAY 10112 USA TODAY WAY MIRAMAR FL 33025 MIRAMAR FL 33025 City-State-Zip:

**DIRECTOR** VΡ Title Title

CANTU, LINDA HENRY, ANDRE Name Name

Address C/O ASSOCIATION SERVICES OF Address C/O ASSOCIATION SERVICES OF

> **FLORIDA FLORIDA**

10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: MIRAMAR FL 33025

**PRESIDENT** 

**FILED** Apr 29, 2024

**Secretary of State** 

5628734038CC

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.