

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003051

Entity Name: FLORIDA CLUB CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**500 FLORIDA CLUB BLVD.
ST. AUGUSTINE, FL 32084**Current Mailing Address:**500 FLORIDA CLUB BLVD.
ST. AUGUSTINE, FL 32084**FEI Number:** 20-0938590**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEE, MARIAN M
500 FLORIDA CLUB BLVD.
ST AUGUSTINE, FL 32084 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	DIRECTOR
Name	DECAMP, JOSEPH
Address	500 FLORIDA CLUB BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	DIRECTOR
Name	ROBERTS, RICK
Address	500 FLORIDA CLUB BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	OFFICER, VP
Name	SCHAU, WOLFGANG
Address	500 FLORIDA CLUB BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	OFFICER, TREASURER
Name	CHRISTOPHER , ULRICA
Address	500 FLORIDA CLUB BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	OFFICER, PRESIDENT
Name	KINCAID, KEVIN LEE
Address	500 FLORIDA CLUB BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32084

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: KEVIN KINCAID**PRESIDENT****01/11/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date