# 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.

PRESIDENT

#### SIGNATURE: DIANE SCARGILL

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# N04000011448

#### Entity Name: HOMEOWNERS ASSOCIATION OF ALAMANDA KEY, INC.

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

476 HWY A1A STE 4A SATELLITE BEACH, FL 32937

### **Current Mailing Address:**

PO BOX 100130 PALM BAY, FL 32910 US

## FEI Number: 20-2129432

# Name and Address of Current Registered Agent:

BAYSIDE MANAGEMENT SERVICES & CONSULTING INC 476 HWY A1A STE 4A SATELLITE BEACH, FL 32937 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	SARA LAPOINTE			03/23/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	DIRECTOR	
Name	SCARGILL, DIANE	Name	DAVIDSON, RITA	
Address	680 MARTELLO WAY	Address	623 HEMING WAY	
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901	
Title	SECRETARY	Title	TREASURER	
Name	PEKAR, SANDRA	Name	BUTLER, CATHERINE	
Address	4330 ALAMANDA KEY DR	Address	688 LORELEI	
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901	
Title	VP			
Name	CONNOLLY, JACK			
Address	425 LORELEI			
City-State-Zip:	MELBOURNE FL 32901			

Certificate of Status Desired: No

FILED Mar 23, 2022 Secretary of State 6864764076CC

> 03/23/2022 Date