| Current Mailing Address:<br>4901 VINELAND RD, SUITE 455<br>ORLANDO, FL 32811 US  |  |                 |                                   |            |
|--|--|-----------------|-----------------------------------|------------|
| FEI Number: 84-1667012   |  |                 | Certificate of Status Desired: No |            |
| Name and Address of Current Registered Agent:  |  |                 |                                   |            |
| ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS, INC.<br>4901 VINELAND RD, SUITE 455<br>ORLANDO, FL 32811 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  | : GABRIELA JAKOBSEN  |                 |                                   | 04/15/2024 |
|  | Electronic Signature of Registered Agent                                     |                 |                                   | Date       |
| Officer/Director Detail :  |  |                 |                                   |            |
| Title  | PRESIDENT  | Title           | SECRETARY                         |            |
| Name   | NUZZO, KRISTEN   | Name            | HAHN, DEBORAH                     |            |
| Address  | 4901 VINELAND RD, SUITE 455  | Address         | 4901 VINELAND RD, SUITE 455       |            |
| City-State-Zip:  | ORLANDO FL 32811   | City-State-Zip: | ORLANDO FL 32811                  |            |
| Title<br>Name<br>Address<br>City-State-Zip:  | TREASURER<br>SORDIA, JOSE<br>4901 VINELAND RD, SUITE 455<br>ORLANDO FL 32811 |                 |                                   |            |

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: JOSE SORDIA

Electronic Signature of Signing Officer/Director Detail

TREASURER

04/15/2024

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Entity Name: CHISHOLM ESTATES HOMEOWNERS ASSOCIATION, INC.

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

4901 VINELAND RD, SUITE 455 ORLANDO, FL 32811

DOCUMENT# N0500000386

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Date

#### FILED Apr 15, 2024 **Secretary of State** 9988810364CC