Officer/Direct		
	Electronic Signature of Registered Agent	Date
SIGNATURE:	KRISTIN RISING	04/18/2023
The above named e	ntity submits this statement for the purpose of changing its registered office or re	gistered agent, or both, in the State of Florida.
RISING, KRISTIN 2104 DELTA WAY STE. 7 TALLAHASSEE, F		
Name and Ad	dress of Current Registered Agent:	
FEI Number: 8	36-1137851	Certificate of Status Desired: No
TALLAHASSE	E, FL 32303 US	
2104 DELTA V STE 7	VAY	
Current Mailir	ng Address:	
TALLAHASSEE,	FL 32303	
2104 DELTA WAY STE 7		

Title

Name

Address City-State-Zip: DS

DPT

BEVIS, BERT

2104 DELTA WAY STE 4

TALLAHASSEE FL 32303

DOCUMENT# N0500001484

Entity Name: DELTA WAY OFFICE CONDOMINIUM ASSOCIATION, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

Title

Title

Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

DPT

D

RISING, KRISTIN

2104 DELTA WAY STE 7

TALLAHASSEE FL 32303

SWINSON, ANTHONY

2104 DELTA WAY, STE. 8

TALLAHASSEE FL 32303

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: KRISTIN RISING

Electronic Signature of Signing Officer/Director Detail

FILED Apr 18, 2023 Secretary of State 5197663778CC

04/18/2023

Date