## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000404

Entity Name: THE ISLES AT CAY COMMONS CONDOMINIUM ASSOCIATION,

INC.

**FILED** Jan 31, 2024 Secretary of State 3871663892CC

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

C/O OPTIMUM COMMUNITY MANAGEMENT, INC.

4874 CAYVIEW AVE. ORLANDO, FL 32819

## **Current Mailing Address:**

C/O OPTIMUM COMMUNITY MANAGEMENT, INC 9924 UNIVERSAL BLVD. SUITE 224-332 ORLANDO, FL 32819 US

FEI Number: 38-3749739 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

OPTIMUM COMMUNITY MANAGEMENT, INC. C/O OPTIMUM COMMUNITY MANAGEMENT, INC 9924 UNIVERSAL BLVD. SUITE 224-332 ORLANDO, FL 32819 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: ANDREA MARIE RIVERA 01/31/2024

> Date Electronic Signature of Registered Agent

> > 332

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name WALDRON, DANIEL Name ZAMERYKA, LOU

Address C/O OPTIMUM COMMUNITY Address C/O OPTIMUM COMMUNITY

MANAGEMENT, INC MANAGEMENT, INC

9924 UNIVERSAL BLVD. SUITE 224-9924 UNIVERSAL BLVD. SUITE 224-332

City-State-Zip: ORLANDO FL 32819 City-State-Zip: ORLANDO FL 32819

Title SECRETARY Title **DIRECTOR** 

Name BAILEY, CASSANDRA Name TARTER, ASHLEY

Address C/O OPTIMUM COMMUNITY Address C/O OPTIMUM COMMUNITY

> MANAGEMENT, INC MANAGEMENT, INC

9924 UNIVERSAL BLVD. SUITE 224-9924 UNIVERSAL BLVD. SUITE 224-

ORLANDO FL 32819 ORLANDO FL 32819 City-State-Zip: City-State-Zip:

Title VΡ

Name PECLY, GUSTAVO

332

Address C/O OPTIMUM COMMUNITY

MANAGEMENT, INC

9924 UNIVERSAL BLVD. SUITE 224-

332

City-State-Zip: ORLANDO FL 32819

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.

01/31/2024 PRESIDENT SIGNATURE: DANIEL WALDRON