FORT LAUDER	2012 RDALE, FL 33301			
Current Mai	ling Address:			
1220 MIAMI SUITE 6				
FORT LAUE	DERDALE, FL 33316 US			
FEI Number: 20-8754813			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
SHAFOR, STE 1220 MIAMI RE SUITE 6 FORT LAUDEF				
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flori	da.
	d entity submits this statement for the purpose of changing its regis E:STEVEN SHAFOR	stered office or regis	tered agent, or both, in the State of Flori	<sub>da.</sub> 04/11/2023
		stered office or regis	tered agent, or both, in the State of Flori	
SIGNATUR	E: STEVEN SHAFOR	stered office or regis	tered agent, or both, in the State of Flori	04/11/2023
SIGNATUR	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flori	04/11/2023
SIGNATURE Officer/Dire	E: STEVEN SHAFOR Electronic Signature of Registered Agent			04/11/2023
SIGNATURE Officer/Dire	EIECTRONIC SIGNATURE OF REGISTERED Agent	Title	PRESIDENT	04/11/2023
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : TREASURER PASZCZAK, BOB 45 HENDRICKS ISLE	Title Name	PRESIDENT PINA, DAVID 45 HENDRICKS ISLE	04/11/2023
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : TREASURER PASZCZAK, BOB 45 HENDRICKS ISLE	Title Name Address	PRESIDENT PINA, DAVID 45 HENDRICKS ISLE	04/11/2023
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : TREASURER PASZCZAK, BOB 45 HENDRICKS ISLE FORT LAUDERDALE FL 33301	Title Name Address	PRESIDENT PINA, DAVID 45 HENDRICKS ISLE	04/11/2023
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : TREASURER PASZCZAK, BOB 45 HENDRICKS ISLE FORT LAUDERDALE FL 33301 SECRETARY	Title Name Address	PRESIDENT PINA, DAVID 45 HENDRICKS ISLE	04/11/2023

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: PINA, DAVID

PRESIDENT

04/11/2023

Electronic Signature of Signing Officer/Director Detail

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002911

Entity Name: 45 HENDRICKS CONDOMINIUM ASSOCIATION, INC.

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

**45 HENDRICKS ISLE** 

FILED Apr 11, 2023 Secretary of State 0138780094CC

Date