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|-----------------|--|-----------------------------------|---|------|
| | THAUS AVENUE BEACH, FL 32174-5133 US | | | |
| FEI Numb | per: 59-2694434 | Certificate of Status Desired: No | | |
| Name and | Address of Current Registered Agent: | | | |
| | | a its registered office or re | gistered agent or both in the State of Flor | rida |
| SIGNATU | | | | |
| SIGNATO | Electronic Signature of Registered Agent | | | Date |
| | Electronic Signature of Registered Agent | | | Bato |
| Officer/Di | rector Detail : | | | |
| Title | PRESIDENT, DIRECTOR | Title | DIRECTOR | |
| Name | BUCKNOR, JERMAINE | Name | BOGDANOVSKI, DRAGI MD | |
| A . I. I | | | | |

Current Principal Place of Business: 909 STERTHAUS AVENUE ORMOND BEACH, FL 32174-5133

Current Mailing Address:

DOCUMENT# N09927

ASSOCIATION, INC.

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2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ORMOND PROFESSIONAL ASSOCIATES CONDOMINIUM

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| Title | PRESIDENT, DIRECTOR | Title | DIRECTOR |
|-----------------|------------------------------|-----------------|-----------------------|
| Name | BUCKNOR, JERMAINE | Name | BOGDANOVSKI, DRAGI MD |
| Address | 301 MEMORIAL MEDICAL PARKWAY | Address | 909 STERTHAUS AVENUE |
| City-State-Zip: | DAYTONA BEACH FL 32117 | City-State-Zip: | ORMOND BEACH FL 32174 |

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: JERMAINE BUCKNOR

DIRECTOR

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date