SANTA ROSA BEACH, FL 32439				
Current Mailing Address:				
368 TRAWIO DOTHAN , A	CK RD AL 36305 US			
FEI Number: 46-5471206			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
REGISTERED / 7512 DR. PHILI SUITE 50-254 ORLANDO, FL				
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.				
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SIGNATURE	E: MICHAEL ANGELO REP. FL REGISTERED	0		03/19/2024
SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0		
SIGNATURE	MICHAEL ANGELO REP. FL REGISTERED Electronic Signature of Registered Agent	0		03/19/2024
	MICHAEL ANGELO REP. FL REGISTERED Electronic Signature of Registered Agent	0	D	03/19/2024
Officer/Dire	MICHAEL ANGELO REP. FL REGISTERED Electronic Signature of Registered Agent ctor Detail :	AGENT		03/19/2024
Officer/Dire	MICHAEL ANGELO REP. FL REGISTERED Electronic Signature of Registered Agent Ctor Detail : DP	) AGENT	D	03/19/2024
<b>Officer/Dire</b> Title Name	MICHAEL ANGELO REP. FL REGISTERED Electronic Signature of Registered Agent Ctor Detail : DP GUEST, RICHARD 368 TRAWICK RD	AGENT Title Name	D CLIFTON, CHARLES 1301 ST. ANDREWS DR.	03/19/2024
Officer/Direc Title Name Address	MICHAEL ANGELO REP. FL REGISTERED Electronic Signature of Registered Agent Ctor Detail : DP GUEST, RICHARD 368 TRAWICK RD	AGENT Title Name Address	D CLIFTON, CHARLES 1301 ST. ANDREWS DR.	03/19/2024
Officer/Direc Title Name Address	MICHAEL ANGELO REP. FL REGISTERED Electronic Signature of Registered Agent Ctor Detail : DP GUEST, RICHARD 368 TRAWICK RD	AGENT Title Name Address	D CLIFTON, CHARLES 1301 ST. ANDREWS DR.	03/19/2024

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.

PRESIDENT

SIGNATURE: RICHARD GUEST

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N14000004264

Entity Name: HOMEOWNERS ASSOCIATION OF ARROYA CASSA, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

234 SOUTH BLUE HERON DRIVE UNIT 2 SANTA ROSA BEACH , FL 32459 FILED Mar 19, 2024 Secretary of State 8694620877CC

03/19/2024

Date