I hereby certify that the information indicated on this report or supplemental report is true and accur	rate and that my electronic signature shall have the s	ame legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec	cute this report as required by Chapter 617, Florida S	tatutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: KEVIN WULFF	OWNER	02/08/2019

City-State-Zip: CASSELBERRY FL 32707 City-State-Zip: CASSELBERRY FL 32707

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Officer/Director Detail :					
Title	PD	Title	VD		
Name	WULFF, KEVIN	Name	CRAFT , JAMES Z		
Address	131 N CYPRESS WAY	Address	131 N CYPRESS WAY		
City-State-Zin:	CASSEL BERRY EL 32707	City-State-Zin	CASSELBERRY EL 32707		

SIGNATURE: KEVIN J WULFF

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

WULFF , KEVIN J 131 N CYPRESS WAY CASSELBERRY, FL 32707 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.

# Entity Name: 125 &131 CONDOMINIUM ASSOCIATION, INC.

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

131 N CYPRESS WAY CASSELBERRY, FL 32707

DOCUMENT# N15000009528

# **Current Mailing Address:**

131 N CYPRESS WAY CASSELBERRY, FL 32707 US

# FEI Number: NOT APPLICABLE

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Signing Officer/Director Detail

FILED Feb 08, 2019 Secretary of State 9036423654CC

> 02/08/2019 Date

Certificate of Status Desired: No

OWNER

02/08/2019

Date