### 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: DANIEL SPINDLER

Electronic Signature of Signing Officer/Director Detail

MGR

## 03/10/2023

Certificate of Status Desired: No

SIGNATURE

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Officer/Director Detail :					
Title	PRESIDENT	Title	TREASURER, SECRETARY		
Name	PUENTES, JOE	Name	SPINDLER, DANIEL		
Address	8004 NW 154 STREET 441	Address	8004 NW 154 STREET 441		
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016		

SIGNATU	RE:					
	Electronic Signature of Registered Agent	Electronic Signature of Registered Agent				
Officer/Director Detail :						
Title	PRESIDENT	Title	TREASURER, SECRETARY			
Name	PUENTES, JOE	Name	SPINDLER, DANIEL			

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.

441 MIAMI LAKES, FL 33016 US

## Name and Address of Current Registered Agent:

Entity Name: HEALTHY HOMES COUNCIL CORP

MIAMI LAKES, FL 33016 **Current Mailing Address:** 

8004 NW 154 STREET

441

# 8004 NW 154 STREET

DOCUMENT# N1600000027

**Current Principal Place of Business:** 

## FEI Number: 81-5326817

PUENTES, JOE J 8004 NW 154 STREET 441

MIAMI LAKES, FL 33016 US

FILED Mar 10, 2023 Secretary of State 4299058308CC

Date

Date