FEI Number: 59-2891044			Certificate of Status Desired: No	
Name and	Address of Current Reg	istered Agent:		
SWANTEK, D. MATANZAS D SEBRING, FL				
The above name	ed entity submits this statement for	the purpose of changing its registered office or regis	tered agent, or both, in the State of Fl	orida.
SIGNATURE: DAVID SWANTEK				04/11/2018
	Electronic Signature of Re	gistered Agent		Date
Officer/Dire	ector Detail :			
Title	PRESIDENT	Title	TREASURER, SECRETARY	
Name	SWANTEK, DAVID	Name	FITZPATRICK , KAREN R	
Address	6416 MATANZAS DR	Address	6420 MATANZAS DR.	
City-State-Zip	: SEBRING FL 33872	City-State-Zip:	SEBRING FL 33872	
Title	DIRECTOR			
Name	WHITTON, LYLE			
Address	6400 MATANZAS DR.			

**Current Principal Place of Business:** MATANZAS DR SEBRING, FL 33872-2383

## **Current Mailing Address:**

DOCUMENT# N17878

6422 MATANZAS DR SEBRING, FL 33872-2383 US

## 50 0004044 FEI NI. . . .

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Entity Name: E.D.U.I. VILLAS ASSOCIATION, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

City-State-Zip: SEBRING FL 33872

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: KAREN FITZPATRICK

SECRETARY/TREASURER 04/11/2018

Electronic Signature of Signing Officer/Director Detail

**FILED** Apr 11, 2018 **Secretary of State** CC8251588885

Date