

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000013373

**FILED**  
**Jun 08, 2020**  
**Secretary of State**  
**8628148144CC**

**Entity Name:** ELEVEN ELEVEN CENTRAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3066 TAMIAMI TRL N #201  
NAPLES, FL 34103

**Current Mailing Address:**

3066 TAMIAMI TRL N #201  
NAPLES, FL 34103 US

**FEI Number: 83-4428669**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WELKS, KAREN  
3066 TAMIAMI TRL N #201  
NAPLES, FL 34103 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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SOLOMON, ANTHONY  
Address        3066 TAMIAMI TRL N #201  
City-State-Zip: NAPLES FL 34103

Title            VP  
Name            HJORTAAS, ANDY  
Address        3066 TAMIAMI TRL N #201  
City-State-Zip: NAPLES FL 34103

Title            TREASURER/SECRETARY  
Name            WELKS, KAREN  
Address        3066 TAMIAMI TRL N #201  
City-State-Zip: NAPLES FL 34103

*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 E WELKS**

**REGISTERED AGENT**

**06/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date