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.			
SHANTEL TARASENKO			03/
Electronic Signature of Registered Agent			
Officer/Director Detail :			
PRESIDENT	Title	DIRECTOR	
TRIPPI, LISA	Name	LEON, RAYMOND	
P.O. BOX 1389	Address	P.O. BOX 1389	
ST. AUGUSTINE FL 32085	City-State-Zip:	ST. AUGUSTINE FL 32085	
VP	Title	SECRETARY	
MCINTOSH, ROBERT	Name	BERENDT, CHERYL	
P.O. BOX 1389	Address	P.O. BOX 1389	
ST. AUGUSTINE FL 32085	City-State-Zip:	ST. AUGUSTINE FL 32085	
	DE LEON BLVD E, FL 32084 US Pentity submits this statement for the purpose of changing its regis SHANTEL TARASENKO Electronic Signature of Registered Agent Ctor Detail : PRESIDENT TRIPPI, LISA P.O. BOX 1389 ST. AUGUSTINE FL 32085 VP MCINTOSH, ROBERT P.O. BOX 1389	DE LEON BLVD E, FL 32084 US Pentity submits this statement for the purpose of changing its registered office or regis SHANTEL TARASENKO Electronic Signature of Registered Agent Ctor Detail : PRESIDENT Title TRIPPI, LISA Name P.O. BOX 1389 Address ST. AUGUSTINE FL 32085 City-State-Zip: VP Title MCINTOSH, ROBERT Name P.O. BOX 1389 Address O'L. Outor Trie	De LEON BLVD E, FL 32084 US entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fl Electronic Signature of Registered Agent SHANTEL TARASENKO Electronic Signature of Registered Agent Title DIRECTOR TRIPPI, LISA Name LEON, RAYMOND P.O. BOX 1389 ST. AUGUSTINE FL 32085 VP Title SECRETARY MCINTOSH, ROBERT Name BERENDT, CHERYL P.O. BOX 1389 Address P.O. BOX 1389 Otive Output Time OT AUGUSTINE FL 32085

Current Mailing Address: P.O. BOX 1389

112 N PONCE DE LEON BLVD

ST. AUGUSTINE, FL 32084

DOCUMENT# N35321

PALM COAST, INC.

UNIT C

Title

Name

Address

City-State-Zip:

ST. AUGUSTINE, FL 32085 US

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Entity Name: LAKE FOREST NORTH HOMEOWNERS ASSOCIATION OF

FEI Number: 59-3016585

TARASENKO, SHANTEL

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: SHANTEL TARASENKO

DIRECTOR

P.O. BOX 1389

SANFILIPPO, RICHARD

ST. AUGUSTINE FL 32085

Electronic Signature of Signing Officer/Director Detail

Title

Name

Address

City-State-Zip:

REGISTERED AGENT

REGISTERED AGENT

PO BOX 1389

TARASENKO, SHANTEL

ST AUGUSTINE FL 32085

03/14/2024

03/14/2024 Date

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Mar 14, 2024 Secretary of State 6066234835CC

Certificate of Status Desired: No

FILED

Date