# 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: CARON, RICHARD

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N47815

Entity Name: EL REY R. O. ASSOCIATION, INC.

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

4600 67TH ST N ST PETERSBURG, FL 33709

### **Current Mailing Address:**

5510 RIVER RD SUITE 104 NEW PORT RICHY, FL 34652 US

## FEI Number: 59-3112747

### Name and Address of Current Registered Agent:

KELLEY, HELEN 5510 RIVER RD SUITE 104 NEW PORT RICHY, FL 34652 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	E: HELEN KELLEY			04/04/2022
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	TREASURER	Title	PRESIDENT	
Name	LAWRANCE , LOUANN	Name	FOSTER, JAMES	
Address	5510 RIVER RD SUITE 104	Address	5510 RIVER RD SUITE 104	
City-State-Zip:	NEW PORT RICHY FL 34652	City-State-Zip:	NEW PORT RICHY FL 34652	
Title	SECRETARY	Title	VP	
Name	CARON, RICHARD	Name	KRANTZ, JAMES	
Address	5510 RIVER RD SUITE 104	Address	5510 RIVER RD SUITE 104	
City-State-Zip:	NEW PORT RICHY FL 34652	City-State-Zip:	NEW PORT RICHY FL 34652	
Title	DIRECTOR			
Name	WILLIAMS, JAMES			
Address	5510 RIVER RD SUITE 104			
City-State-Zip:	NEW PORT RICHY FL 34652			

Certificate of Status Desired: No

04/04/2022

SECRETARY

# FILED Apr 04, 2022 Secretary of State 0724847758CC