

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000053770

**Entity Name:** INSURE-FLORIDA ASSOCIATES INC.

**Current Principal Place of Business:**

8461 LAKE WORTH RD  
SUITE 183  
LAKE WORTH, FL 33467

**Current Mailing Address:**

8461 LAKE WORTH RD  
SUITE 183  
LAKE WORTH, FL 33467 US

**FEI Number:** 45-3237613

**Certificate of Status Desired:** No

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

VAN TIEM, VICTORIA  
8461 LAKE WORTH RD  
SUITE 183  
LAKE WORTH, FL 33467 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:** VICTORIA VAN TIEM

07/12/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                 |                 |                                    |
|-----------------|---------------------------------|-----------------|------------------------------------|
| Title           | VP, SECRETARY                   | Title           | DIRECTOR, PRESIDENT                |
| Name            | VAN TIEM, VICTORIA              | Name            | ZAHORNACKY, DARRIN R               |
| Address         | 8461 LAKE WORTH RD<br>SUITE 183 | Address         | 8461 LAKE WORTH ROAD<br>SUITE #183 |
| City-State-Zip: | LAKE WORTH FL 33467             | City-State-Zip: | LAKE WORTH FL 33467                |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARRIN R ZAHORNACKY

PRESIDENT

07/12/2023

Electronic Signature of Signing Officer/Director Detail

Date