

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000007894

Entity Name: CSIM NONA PARK TITLE HOLDER LLC**Current Principal Place of Business:**68 S. SERVICE RD., SUITE 120
MELVILLE, NY 11747**Current Mailing Address:**68 S. SERVICE RD., SUITE 120
MELVILLE, NY 11747 US**FEI Number:** 88-4223730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST. SUITE 4
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title INDEPENDENT BOARD MEMBER AND
SPECIAL/SPRINGING MEMBER

Name MATARESE , JILL A

Address 68 SOUTH SERVICE ROAD, SUITE 120

City-State-Zip: MELVILLE NY 11747

Title VP, ASST. TREASURER AND ASST.
SECRETARY

Name BISNATH , NIGEL

Address 68 SOUTH SERVICE ROAD
SUITE 120

City-State-Zip: MELVILLE NY 11747

Title VP, ASST TREASURER, ASST
SECRETARY

Name MATARESE , JILL A

Address 68 SOUTH SERVICE ROAD, SUITE 120

City-State-Zip: MELVILLE NY 11747

Title VP, ASST. TREASURER AND ASST.
SECRETARY

Name CORRIGAN , KEVIN J.

Address 68 SOUTH SERVICE ROAD
SUITE 120

City-State-Zip: MELVILLE NY 11747

Title VP, ASST. TREASURER AND SEC

Name ANGELO , BERNARD J.

Address 68 SOUTH SERVICE ROAD
SUITE 120

City-State-Zip: MELVILLE NY 11747

Title VP, ASST. TREASURER AND ASST.
SECRETARY

Name O'CONNOR , TIMOTHY

Address 68 SOUTH SERVICE ROAD
SUITE 120

City-State-Zip: MELVILLE NY 11747

Title PRESIDENT, TREASURER, ASST.
SECRETARY

Name BURNS , KEVIN P.

Address 68 SOUTH SERVICE ROAD
SUITE 120

City-State-Zip: MELVILLE NY 11747

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JILL A MATARESE

VP

04/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date