

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003207

**Entity Name:** ARTESA COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

ARTESA COUMMUNITY ASSOCIATION  
11590 SW 248 LANE  
HOMESTEAD, FL 33032

**Current Mailing Address:**

8200 NW 41 ST  
SUITE 200  
DORAL, FL 33166 US

**FEI Number:** 81-0987735

**Certificate of Status Desired:** No

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

GOEDE, ADAMCZYK, DEBOEST & CROSS, PLLC  
2600 DOUGLAS ROAD  
SUITE 717  
CORAL GABLES, FL 33134 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:** GOMEZ, NILKA

03/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                            |                 |                            |
|-----------------|----------------------------|-----------------|----------------------------|
| Title           | PRESIDENT                  | Title           | VP                         |
| Name            | GOMEZ, NILKA               | Name            | PATTERSON, SETH            |
| Address         | 8200 NW 41 ST<br>SUITE 200 | Address         | 8200 NW 41 ST<br>SUITE 200 |
| City-State-Zip: | DORAL FL 33166             | City-State-Zip: | DORAL FL 33166             |
|                 |                            |                 |                            |
| Title           | SECRETARY, TREASURER       |                 |                            |
| Name            | BROWN, RANDOLPH            |                 |                            |
| Address         | 8200 NW 41 ST<br>SUITE 200 |                 |                            |
| City-State-Zip: | DORAL FL 33166             |                 |                            |

*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:** GOMEZ, NILKA

PRESIDENT

03/27/2023

Electronic Signature of Signing Officer/Director Detail

Date