#### 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.

PRES

#### SIGNATURE: KENYON ATLEE

Electronic Signature of Signing Officer/Director Detail

## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2100000294

### Entity Name: KISTLER'S RIDGE OWNERS ASSOCIATION, INC.

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

5851 TIMUQUANA ROAD 301 JACKSONVILLE, FL 32210

#### **Current Mailing Address:**

5851 TIMUQUANA ROAD 301 JACKSONVILLE, FL 32210

#### FEI Number: NOT APPLICABLE

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

ATLEE DEVELOPMENT GROUP, INC. 5851 TIMUQUANA RD 301 JACKSONVILLE, FL 32210 US

City-State-Zip: JACKSONVILLE FL 32210

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

Officer/Director Detail :			
Title	Р	Title	VP
Name	ATLEE, KENYON S	Name	ATLEE, MICHAEL
Address	5851 TIMUQUANA RD, #301	Address	5851 TIMUQUANA ROAD, #301
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210
Title	Т		
Name	SMITH, KELLY		
Address	5851 TIMUQUANA ROAD, #301		

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

# FILED Apr 14, 2022 Secretary of State 4762089040CC

Certificate of Status Desired: No

04/14/2022 Date

Date