

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000011929

Entity Name: DA CODA ARTS FOUNDATION INC.**Current Principal Place of Business:**7601 S.E TETON DR
HOBE SOUND, FL 33455**Current Mailing Address:**7601 S.E TETON DR
HOBE SOUND, FL 33455 US**FEI Number:** 87-3152085**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL 33021 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**Officer/Director Detail :**

Title	P
Name	MORRIS, MICHAEL
Address	7601 S.E TETON DR
City-State-Zip:	HOBE SOUND FL 33455

Title	SEC
Name	MEDICI, JEAN-AIME
Address	7601 S.E TETON DR
City-State-Zip:	HOBE SOUND FL 33455

Title	DIR
Name	ATRIA, JIM
Address	7601 S.E TETON DR
City-State-Zip:	HOBE SOUND FL 33455

Title	TRE
Name	ATRIA, JIM
Address	7601 S.E TETON DR
City-State-Zip:	HOBE SOUND FL 33455

Title	DIR
Name	MORRIS, MICHAEL
Address	7601 S.E TETON DR
City-State-Zip:	HOBE SOUND FL 33455

Title	DIR
Name	MEDICI, DR. JEAN-AIME
Address	7601 S.E TETON DR
City-State-Zip:	HOBE SOUND FL 33455

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: MICHAEL G MORRIS**PRESIDENT****02/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date