

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

DOCUMENT# 712350

**Entity Name:** SOUTH LEISURE BY THE SEA ASSOCIATION, INC.

**Current Principal Place of Business:**

224-234 HIBISCUS AVENUE  
LAUDERDALE BY THE SEA, FL 33308

**Current Mailing Address:**

C/O MG PROPERTY MANAGEMENT  
3049 NORTH FEDERAL HIGHWAY SUITE 100  
FORT LAUDERDALE, FL 33306 US

**FEI Number:** 59-1147906

**Certificate of Status Desired:** No

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

MG PROPERTY MANAGEMENT  
C/O MG PROPERTY MANAGEMENT  
3049 NORTH FEDERAL HIGHWAY SUITE 100  
FORT LAUDERDALE, FL 33306 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:** NATHAN MILLER BAGLEY

07/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            MCMANUS, CHRISTINE  
Address        C/O MG PROPERTY MANAGEMENT  
                  3049 NORTH FEDERAL HIGHWAY  
                  SUITE 100  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            VP  
Name            COOPER, RICHARD  
Address        C/O MG PROPERTY MANAGEMENT  
                  3049 NORTH FEDERAL HIGHWAY  
                  SUITE 100  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            PRESIDENT  
Name            CALCAGNI, CHERYL  
Address        C/O MG PROPERTY MANAGEMENT  
                  3049 NORTH FEDERAL HIGHWAY  
                  SUITE 100  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            SECRETARY  
Name            LUISA , DODARDO  
Address        C/O MG PROPERTY MANAGEMENT  
                  3049 NORTH FEDERAL HIGHWAY  
                  SUITE 100  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            DIRECTOR  
Name            MORRISON, JOANNE MITCHELLE  
Address        C/O MG PROPERTY MANAGEMENT  
                  3049 NORTH FEDERAL HIGHWAY  
                  SUITE 100  
City-State-Zip: FORT LAUDERDALE FL 33306

*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:** CHERYL CALCAGNI

**PRESIDENT**

07/27/2023

Electronic Signature of Signing Officer/Director Detail

Date