

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725380

**Entity Name:** SOUTHPOINT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3400 GALT OCEAN DRIVE  
FT. LAUDERDALE, FL 33308**Current Mailing Address:**3400 GALT OCEAN DRIVE  
FT. LAUDERDALE, FL 33308 US**FEI Number:** 59-1539624**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAYE BENDER REMBAUM, P.L.  
1200 PARK CENTRAL BLVD SOUTH  
POMPANO BEACH, FL 33064 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            PRESIDENT  
Name            SARELAKOS , PAUL  
Address        3400 GALT OCEAN DRIVE  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            TREASURER  
Name            GOMEZ, MARGARITA  
Address        3400 GALT OCEAN DRIVE  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            VP, SECRETARY  
Name            CAVE , CORNELIA  
Address        3400 GALT OCEAN DRIVE  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            D  
Name            ABRUZZO , JOSEPH  
Address        3400 GALT OCEAN DRIVE  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            DIRECTOR  
Name            NELLI , THOMAS  
Address        3400 GALT OCEAN DRIVE  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            D  
Name            GRASSO, AGOSTINO  
Address        3400 GALT OCEAN DRIVE  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            DIRECTOR  
Name            ENGEL, JO  
Address        3400 GALT OCEAN DRIVE  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            DIRECTOR  
Name            PECORI, JOHN  
Address        3400 GALT OCEAN DRIVE  
City-State-Zip: FT. LAUDERDALE FL 33308

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*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: PAUL SARELAKOS****PRESIDENT****02/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	LAZINSKY, ED
Address	3400 GALT OCEAN DR
City-State-Zip:	FORT LAUDERDALE FL 33308