

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730764

Entity Name: THE MANORS OF INVERRARY XI ASSOCIATION, INC**Current Principal Place of Business:**POINTE MANAGEMENT GROUP
1100 SW 10TH STREET SUITE B
DELRAY BEACH, FL 33444**Current Mailing Address:**POINTE MANAGEMENT GROUP
1100 SW 10TH STREET SUITE B
DELRAY BEACH, FL 33444 US**FEI Number:** 52-1042715**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESTEBANEZ, ERIC
POINTE MANAGEMENT GROUP
1100 SW 10TH STREET SUITE B
DELRAY BEACH, FL 33444 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	VP
Name	BARRETT, MANON
Address	C/O POINTE MANAGEMENT GROUP, INC. 1100 SW 10TH STREET SUITE B
City-State-Zip:	DELRAY BEACH FL 33444

Title	PRESIDENT
Name	CAPRON, ELAINE
Address	C/O POINTE MANAGEMENT GROUP, INC. 1100 SW 10TH STREET SUITE B
City-State-Zip:	DELRAY BEACH FL 33444

Title	D
Name	BASHIRU, EMMANUEL
Address	C/O POINTE MANAGEMENT GROUP, INC. 1100 SW 10TH STREET SUITE B
City-State-Zip:	DELRAY BEACH FL 33444

Title	SECRETARY
Name	OSTROFF, JEFFREY
Address	C/O POINTE MANAGEMENT GROUP, INC. 1100 SW 10TH STREET SUITE B
City-State-Zip:	DELRAY BEACH FL 33444

Title	TREASURER
Name	SECHARAN, SUBHASSCHANDRA
Address	C/O POINTE MANAGEMENT GROUP, INC. 1100 SW 10TH STREET SUITE B
City-State-Zip:	DELRAY BEACH FL 33444

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: ELAINE CAPRON

PRESIDENT

03/03/2021

Electronic Signature of Signing Officer/Director Detail_____
Date