

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738886

**Entity Name:** OCEAN PLACE - 2155 CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**6924122118CC**

**Current Principal Place of Business:**

POINTE MANAGEMENT GROUP  
1100 SW 10 STREET SUITE B  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

POINTE MANAGEMENT GROUP  
1100 SW 10 STREET SUITE B  
DELRAY BEACH, FL 33444 US

**FEI Number: 59-2130596**

**Certificate of Status Desired: No**

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

ESTABENEZ, ERIC  
POINTE MANAGEMENT GROUP  
1100 SW 10 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           DIRECTOR  
Name           BROOKMAN, JOEL  
Address        1100 SW 10TH STREET  
                  SUITE B  
City-State-Zip: DELRAY BEACH FL 33444

Title           SD  
Name           HERNAN, BONNIE  
Address        1100 SW 10TH STREET  
                  SUITE B  
City-State-Zip: DELRAY BEACH FL 33444

Title           TREASURER  
Name           MCQUADE, EILEEN  
Address        1100 SW 10TH STREET  
                  SUITE B  
City-State-Zip: DELRAY BEACH FL 33444

Title           PRESIDENT  
Name           SUOFF, CARY  
Address        1100 SW 10TH STREET  
                  SUITE B  
City-State-Zip: DELRAY BEACH FL 33444

Title           PRESIDENT  
Name           JOHNSON, MICHAEL  
Address        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: CARY SUOFF**

**PRESIDENT**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date