

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746932

**Entity Name:** ESTATES OF FORT LAUDERDALE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 31, 2024**  
**Secretary of State**  
**8587571773CC**

**Current Principal Place of Business:**

2850 S.W. 54TH STREET  
FT LAUDERDALE, FL 33312

**Current Mailing Address:**

2850 S.W. 54TH STREET  
FT LAUDERDALE, FL 33312

**FEI Number: 59-1911519**

**Certificate of Status Desired: Yes**

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

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
C-207  
FORT LAUDERDALE, FL 33312 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 THOMPSON, LISA  
Address 2850 S.W. 54TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title V  
Name YOUNGHANS, LARRY  
Address 2850 S.W. 54TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title T  
Name KEVLES, LESLIE  
Address 2850 S.W. 54TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR  
Name GALICKI, ELI DR.  
Address 2850 S.W. 54TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title 2ND VICE PRESIDENT  
Name ROY, MAURICE  
Address 2850 S.W. 54TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR  
Name SULLIVAN, JOHN  
Address 2850 SW 54TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR  
Name MCBRIDE, JOHN  
Address 2850 SW 54TH ST  
City-State-Zip: FORT LAUDERDALE, FL FL 33312

Title SECRETARY  
Name FORREST KING  
Address 2850 S.W. 54TH STREET  
City-State-Zip: FT LAUDERDALE FL 33312

*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: LESLIE KEVLES**

**TREASURER**

**01/31/2024**

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

\_\_\_\_\_  
Date