

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746932

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

**FILED  
Apr 15, 2015  
Secretary of State  
CC4236331593**

**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: No**

**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 MORGANTI, VICTORIA  
Address 2850 S.W. 54TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

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

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

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

Title D  
Name ENGEL, LEO  
Address 2850 S.W. 54TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title D  
Name BOYER, RICHARD  
Address 2850 S.W. 54TH STREET  
City-State-Zip: FORT 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: VICTORIA MORGANTI**

**PRESIDENT**

**04/15/2015**

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

\_\_\_\_\_  
Date