

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758279

**FILED**  
**Jan 11, 2023**  
**Secretary of State**  
**2446482628CC**

**Entity Name:** THE RESIDENCES AT SLOAN'S CURVE, INC.

**Current Principal Place of Business:**

18 SLOAN'S CURVE DR  
PALM BCH, FL 33480

**Current Mailing Address:**

18 SLOAN'S CURVE DR  
PALM BCH, FL 33480 US

**FEI Number:** 59-2129637

**Certificate of Status Desired:** No

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

FRASER, IWAN  
18 SLOANS CURVE DRIVE  
PALM BEACH, FL 33480 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 PD  
Name MATHESON, WILLIAM  
Address 22 SLOAN'S CURVE DRIVE  
City-State-Zip: PALM BEACH FL 33480

Title VP  
Name RUSTMANN, FREDERICK  
Address 16 SLOAN'S CURVE DRIVE  
City-State-Zip: PALM BEACH FL 33480

Title T/S  
Name ADLER, ALAN  
Address 7 SLOAN'S CURVE DRIVE  
City-State-Zip: PALM BEACH FL 33480

Title MEMB  
Name MARANTZ, DAN  
Address 14 SLOAN'S CURVE DRIVE  
City-State-Zip: PALM BEACH FL 33480

Title MEMB  
Name RAFUL, CAMILO  
Address 11 SLOAN'S CURVE DRIVE  
City-State-Zip: PALM BEACH FL 33480

*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:** ALAN ADLER

**TREASURER**

**01/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date