## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 767357** 

Entity Name: CARAVELLE PROPERTY OWNERS ASSOCIATION, INC.

FILED
Mar 14, 2024
Secretary of State
7826859714CC

## **Current Principal Place of Business:**

C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 103

CORAL SPRINGS, FL 33065

## **Current Mailing Address:**

C/O REALMANAGE PO BOX 803555

DALLAS, TX 75380 US

FEI Number: 59-2415328 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SACHS SAX CAPLAN P L 6111 BROKEN SOUND PKWY NW #200 BOCA RATON, FL 33487 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: SACHS SAX CAPLAN 03/14/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY Title PRESIDENT

Name SCHUTZMAN, ALAN Name YAMIN, DARIEN

Address C/O REALMANAGE Address C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

 Title
 VP
 Title
 DIRECTOR

 Name
 PODOLNICK, NEIL
 Name
 ADLER, SCOTT

Address C/O REALMANAGE Address C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER

Name ENGLANDER, STACEY

103

Address C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE

103

City-State-Zip: CORAL SPRINGS FL 33065

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: DARIEN YAMIN PRESIDENT 03/14/2024

Date