

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001787

**Entity Name:** CASABELLA PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

790 PARK OF COMMERCE BOULEVARD  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

790 PARK OF COMMERCE BOULEVARD  
SUITE 200  
BOCA RATON, FL 33487 US

**FEI Number:** 16-1695638

**Certificate of Status Desired:** Yes

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

SACHS, SAX, CAPLAN  
6111 BROKEN SOUND PARKWAY  
SUITE 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KAMINER, GILBERT  
Address        15671 GLENCREST AVE  
City-State-Zip: DELRAY BEACH FL 33446

Title            TREASURER  
Name            CAVALERI, NICK  
Address        16117 GLENCREST AVE  
City-State-Zip: DELRAY BEACH FL 33446

Title            VP  
Name            GERAGI, MYRA  
Address        16139 ROSECROFT TERRACE  
City-State-Zip: DELRAY BEACH FL 33446

Title            SECRETARY  
Name            GAMBINO, CHELSEA  
Address        16234 ROSECROFT TERRACE  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            PITTMAN, LIZ  
Address        15687 GLENCREST AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

*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:** KAMINER GILBERT

**PRESIDENT**

**03/24/2020**

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

\_\_\_\_\_  
Date