

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003938

Entity Name: FLAGLER POINTE CONDOMINIUM ASSOCIATION OF WPB, INC.**Current Principal Place of Business:**1801 N. FLAGLER DR.
WEST PALM BEACH, FL 33407**Current Mailing Address:**1801 N. FLAGLER DR.
WEST PALM BEACH, FL 33407 US**FEI Number:** 02-0694238**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARONSON, CAROLE
1500 GATEWAY BLVD.SUITE#220
BOYNTON BEACH, FL 33426 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:** CAROLE ARONSON

02/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name DALY, PAMELA
Address 1801 N. FLAGLER DRIVE #817
City-State-Zip: WEST PALM BEACH FL 33407

Title PRESIDENT
Name MEADE, CAROLE
Address 1801 N. FLAGLER DRIVE #817
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY
Name CABECEIRAS, KEITH
Address 1801 N. FLAGLER DRIVE #130
City-State-Zip: WEST PALM BEACH FL 33407

Title VP
Name MILLIMAN, BRUCE
Address 1801 N. FLAGLER DRIVE #710
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER
Name SARRIS, NANCY
Address 1801 N. FLAGLER DRIVE #435
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name TYSZKA, ADAM
Address 1801 N. FLAGLER DR. #435
City-State-Zip: WEST PALM BEACH FL 33407

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: CAROLE MEADE

PRESIDENT

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date