

2018 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	ORTENZI, RALPH
Address	1801 N. FLAGLER BLVD, #802
City-State-Zip:	WEST PALM BEACH FL 33407

Title	DIRECTOR
Name	DYE, DAVID
Address	1801 N. FLAGLER DRIVE, #807
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP
Name	MEADE, CAROLE
Address	1801 N. FLAGLER DRIVE #307
City-State-Zip:	PALM BEACH FL 33407

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

Title	SECRETARY
Name	BROMBERG, STEVEN
Address	1801 N. FLAGLER DRIVE # 719
City-State-Zip:	WEST PALM BEACH FL 33401

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: RALPH ORTENZI**PRESIDENT****02/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date