

2014 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 S
Name SANTIGATE, MARIA
Address 793 EAST RESTON ROAD.
City-State-Zip: EAST MEADOW NY 11554

Title D
Name KOLINS, RON
Address 701 SOUTH OLIVE AVENUE
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name ALBANIS, WILLIAM
Address 1801 N. FLAGLER DRIVE, #639
City-State-Zip: WEST PALM BEACH FL 33407

Title T
Name DALY, PAMELA
Address 1801 N. FLAGLER DRIVE #817
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: RALPH ORTENZI

PRESIDENT

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date