

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009785

**Entity Name:** THE SHOPPES AT EAST POINTE LANDING CONDOMINIUM  
OWNER'S ASSOCIATION, INC.**FILED**  
**Apr 05, 2022**  
**Secretary of State**  
**7596034094CC****Current Principal Place of Business:**3546 ST. JOHNS BLUFF ROAD, S.  
JACKSONVILLE, FL 32224**Current Mailing Address:**7899 BAYMEADOWS WAY  
STE. 100  
JACKSONVILLE, FL 32256 US**FEI Number: 20-5561261****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GHANAYEM, SALEM JMR.  
3546 ST. JOHN'S BLUFF ROAD, SOUTH  
120  
JACKSONVILLE, FL 32224 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           | VP                                          |
| Name            | GHANAYEM, SALEM JMR.                        |
| Address         | 3546 ST. JOHN'S BLUFF ROAD, S.,<br>UNIT 120 |
| City-State-Zip: | JACKSONVILLE FL 32224                       |
| Title           | PRESIDENT                                   |
| Name            | FAROOQ, OMAR ESQ.                           |
| Address         | 3546 ST. JOHNS BLUFF RD., S. UNIT<br>116    |
| City-State-Zip: | JACKSONVILLE FL 32224                       |
| Title           | OFFICER                                     |
| Name            | POPWELL, LEE                                |
| Address         | 3546 ST. JOHNS BLUFF ROAD, S.               |
| City-State-Zip: | JACKSONVILLE FL 32224                       |

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | SECRETARY                                |
| Name            | MARTINEZ, SANDRA                         |
| Address         | 3546 ST. JOHNS BLUFF RD., S. UNIT<br>114 |
| City-State-Zip: | JACKSONVILLE FL 32224                    |
| Title           | TREASURER                                |
| Name            | WIGGINS, VONNIE DR.                      |
| Address         | 3546 ST. JOHNS BLUFF ROAD, S.            |
| City-State-Zip: | JACKSONVILLE FL 32224                    |

*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: KARI RAGER****PM/****04/05/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date