2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11220

Entity Name: FLORAL PARK PROPERTY OWNERS' ASSOCIATION

FILED
May 04, 2022
Secretary of State
9881234170CC

Current Principal Place of Business:

2690 CAMBRIDGE RD LAKE WORTH, FL 33462

Current Mailing Address:

2690 CAMBRIDGE RD

LAKE WORTH, FL 33462 US

FEI Number: 59-2259689 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AARON, JAKE 2716 PARK DRIVE LAKE WORTH, FL 33462 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: JAKE AARON 05/04/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
Name	AARON, JAKE	Name	SELLITTI, LOUIS

Address 2716 PARK DRIVE Address 6719 MASSACHUSETTS DRIVE

City-State-Zip: LAKE WORTH FL 33462 City-State-Zip: LAKE WORTH FL 33462

Title TREASURER, DIRECTOR Title SECRETARY, DIRECTOR

Name MONGO, JANICE Name TURNER, SAMIRA

Address 6733 BOSTON DRIVE Address 6565 EASTVIEW DRIVE

City-State-Zip: LAKE WORTH FL 33462 City-State-Zip: LAKE WORTH FL 33462

Title DIRECTOR Title DIRECTOR

Name WARNKE, TOM Name TURNER, ALAN

Address 2780 WORCESTER ROAD Address 6565 EASTVIEW ROAD

City-State-Zip: LAKE WORTH FL 33462 City-State-Zip: LAKE WORTH FL 33462

Title DIRECTOR Title DIRECTOR

NameROWE, SANDRANameDOCKHANTE, DIANAAddress2702 WORCESTER ROADAddress6902 WESTVIEW DRIVECity-State-Zip:LAKE WORTH FL 33462City-State-Zip:LAKE WORTH FL 33462

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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: JAKE AARON PRESIDENT 05/04/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name WARWICK, RUTH

Address 6691 WESTVIEW DRIVE
City-State-Zip: LAKE WORTH FL 33462