

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001465

Entity Name: SAUSALITO PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, SUITE #110
BOCA RATON, FL 33487

Current Mailing Address:

C/O A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, SUITE #110
BOCA RATON, FL 33487

FEI Number: 59-3508351

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STOLOFF, SCOTT A
DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE. SOUTH, SUITE 400
WEST PALM BEACH, FL 33409 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 PRES
Name KELMAN, HAROLD
Address 902 CLINT MOORE ROAD, #110
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name HENDERSON, ROBERT
Address 902 CLINT MOORE ROAD, #110
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY
Name PARLIAMENT, DEBRA
Address 902 CLINT MOORE ROAD, #110
City-State-Zip: BOCA RATON FL 33487

Title TREASURER
Name MISYLAN, BETTY
Address 902 CLINT MOORE ROAD, STE 110
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name FARELLA, VITO
Address 902 CLINT MOORE RD, STE 110
City-State-Zip: BOCA RATON FL 33487

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: HAROLD KELMAN

PRESIDENT

03/25/2015

Electronic Signature of Signing Officer/Director Detail

Date