

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001465

Entity Name: SAUSALITO PLACE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O ASSOCIATION SPECIALTY GROUP LLC
902 CLINT MOORE ROAD SUITE 110
BOCA RATON, FL 33487**Current Mailing Address:**C/O ASSOCIATION SPECIALTY GROUP LLC
902 CLINT MOORE ROAD SUITE 110
BOCA RATON, FL 33487 US**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	PRESIDENT
Name	DEGASPERIS, PATRICK
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE ROAD SUITE 110
City-State-Zip:	BOCA RATON FL 33487

Title	SECRETARY
Name	SALIMBENE , GEORGE
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE ROAD SUITE 110
City-State-Zip:	BOCA RATON FL 33487

Title	TREASURER
Name	ENGLERT, RALPH
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE ROAD SUITE 110
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	FALZONE, ROBERT
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE ROAD SUITE 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: DEGASPERIS , PATRICK**PRESIDENT****04/05/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date