

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001465

Entity Name: SAUSALITO PLACE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O CAMPBELL PROPERTY MGMT
9897 LAKE WORTH RD SUITE 304
LAKE WORTH, FL 33467**Current Mailing Address:**C/O CAMPBELL PROPERTY MGMT
9897 LAKE WORTH RD SUITE 304
LAKE WORTH, FL 33467 US**FEI Number:** 59-3508351**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STOLOFF, SCOTT A
STOLOFF & MANOFF, 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	ZABRISKIE, SHERRY
Address	9897 LAKE WORTH ROAD 304
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	MINCARELLI, LISA
Address	9897 LAKE WORTH ROAD 304
City-State-Zip:	LAKE WORTH FL 33467

Title	SECRETARY
Name	PAGOS, PAULA
Address	9897 LAKE WORTH ROAD 304
City-State-Zip:	LAKE WORTH FL 33467

Title	TREASURER
Name	MINCARELLI, ALFRED
Address	9897 LAKE WORTH ROAD 304
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	BOGGS, ELIZABETH
Address	9897 LAKE WORTH ROAD, SUITE 304 304
City-State-Zip:	LAKE WORTH FL 33467

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: SHERRY ZABRISKIE**PRESIDENT****04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date