

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N96000001465

Entity Name: SAUSALITO PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAMPBELL PROPERTY MGMT
3918 VIA POINCIANA DR. SUITE 9
LAKE WORTH, FL 33467

Current Mailing Address:

C/O CAMPBELL PROPERTY MGMT
3918 VIA POINCIANA DR. SUITE 9
LAKE WORTH, FL 33467 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 FALZONE, ROBERT
Address C/O CAMPBELL PROPERTY MGMT
 3918 VIA POINCIANA DR SUITE 9
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY
Name SALIMBENE , GEORGE
Address C/O CAMPBELL PROPERTY MGMT
 3918 VIA POINCIANA DR. SUITE 9
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name ENGLERT, RALPH
Address C/O CAMPBELL PROPERTY MGMT
 3918 VIA POINCIANA DR. SUITE 9
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name AUSTIN, KAREN
Address C/O CAMPBELL PROPERTY MGMT
 3918 VIA POINCIANA DR. SUITE 9
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: ROBERT FALZONE

PRESIDENT

12/17/2018

Electronic Signature of Signing Officer/Director Detail

Date