

**2014 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:** Yes

**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**

**04/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date