

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001156

**Entity Name:** THE STRAND MASTER PROPERTY OWNERS ASSOCIATION, INC.**FILED**  
**Mar 13, 2024**  
**Secretary of State**  
**1914656246CC****Current Principal Place of Business:**5672 STRAND CT  
SUITE 1  
NAPLES, FL 34110**Current Mailing Address:**5672 STRAND CT  
SUITE 1  
NAPLES, FL 34110 US**FEI Number: 59-3473780****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DORRILL MANAGEMENT GROUP  
5672 STRAND CT  
SUITE 1  
NAPLES, FL 34110 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:** CHRISTOPHER DORRILL

03/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ROGGE, SUSAN  
Address 5672 STRAND CT  
SUITE 1  
City-State-Zip: NAPLES FL 34110

Title VICE PRESIDENT  
Name EWERT, TOM  
Address 5672 STRAND CT  
SUITE 1  
City-State-Zip: NAPLES FL 34110

Title TREASURER  
Name GUTHRIE, TOM  
Address 5672 STRAND CT  
SUITE 1  
City-State-Zip: NAPLES FL 34110

Title SECRETARY  
Name KENNEDY, TOM  
Address 5672 STRAND CT  
SUITE 1  
City-State-Zip: NAPLES FL 34110

Title PRESIDENT  
Name EGGLESTON, TOM  
Address 5672 STRAND CT  
SUITE 1  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name WREDE, KATY  
Address 5672 STRAND CT  
SUITE 1  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name RAPPAPORT, STEWART  
Address 5672 STRAND CT  
SUITE 1  
City-State-Zip: NAPLES FL 34110

Title OTHER, PROPERTY MANAGER  
Name DORRILL, CHRISTOPHER  
Address 5672 STRAND CT  
SUITE 1  
City-State-Zip: NAPLES FL 34110

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:** CHRISTOPHER DORRILL

CAM

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date