

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003938

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** FLAGLER POINTE CONDOMINIUM ASSOCIATION OF WPB, INC.

**Current Principal Place of Business:**

1801 N. FLAGLER DR.  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

1801 N. FLAGLER DR.  
WEST PALM BEACH, FL 33407 US

**Current Mailing Address:**

1801 N. FLAGLER DR.  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

1801 N. FLAGLER DR.  
WEST PALM BEACH, FL 33407 US

FEI Number: 02-0694238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FACH, MICHAEL  
Address: 1860 S. OCEAN BOULEVARD  
City-St-Zip: PALM BEACH, FL 33480 US

Title: VPD  
Name: VON ALVENSLEBEN, CHANTAL  
Address: 1801 N. FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: TSD  
Name: SANTIGATE, MARIA  
Address: 793 PRESTON ROAD.  
City-St-Zip: EAST MEADOW, NY 11554 US

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: MICHAEL FACH

PD

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date