

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003938

**FILED**  
**Apr 11, 2012**  
**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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 02-0694238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARONSON, CAROLE  
1500 GATEWAY BLVD, SUITE #220  
BOYNTON BEACH, FL 33426 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: ORTENZI, RALPH  
Address: 1801 N. FLAGLER BLVD, #802  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: VP  
Name: ALBANIS, WILLIAM  
Address: 1801 N. FLAGLER DRIVE, #629  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: STD  
Name: SANTIGATE, MARIA  
Address: 793 EAST RESTON 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: RALPH ORTENZI

PRES

04/11/2012

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

\_\_\_\_\_  
Date