

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738886

Entity Name: OCEAN PLACE - 2155 CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**POINTE MANAGEMENT GROUP
1100 SW 10 STREET SUITE B
DELRAY BEACH, FL 33444**Current Mailing Address:**POINTE MANAGEMENT GROUP
1100 SW 10 STREET SUITE B
DELRAY BEACH, FL 33444 US**FEI Number:** 59-2130596**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESTABENEZ, ERIC
POINTE MANAGEMENT GROUP
1100 SW 10 STREET SUITE B
DELRAY BEACH, FL 33444 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	DIRECTOR
Name	YEARS, KEN
Address	2155 S. OCEAN BLVD 18
City-State-Zip:	DELRAY BEACH FL 33483

Title	SD
Name	HERNAN, BONNIE
Address	2155 S. OCEAN BLVD 17
City-State-Zip:	DELRAY BEACH FL 33435

Title	TREASURER
Name	MCQUADE, EILEEN
Address	2155 S. OCEAN BLVD, 20
City-State-Zip:	DELRAY BEACH FL 33483

Title	PRESIDENT
Name	SUCOFF, CARY
Address	2155 S OCEAN BLVD 2
City-State-Zip:	DELRAY BEACH FL 33483

Title	PRESIDENT
Name	JOHNSON, MICHAEL
Address	2155 S OCEAN BLVD #13
City-State-Zip:	DELRAY BEACH FL 33483

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: CARY SUCOFF**PRESIDENT****05/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date