2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742847

Entity Name: NOBEL POINT CONDOMINIUM ASSOCIATION, INC.

FILED Apr 02, 2024 Secretary of State 3919327425CC

Current Principal Place of Business:

DST PROPERTY MANAGEMENT 2300 W SAMPLE ROAD 310 POMPANO BEACH, FL 33073

Current Mailing Address:

DST PROPERTY MANAGEMENT 2300 W SAMPLE ROAD 310 POMPANO BEACH, FL 33073 US

FEI Number: 59-2046656 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DST PROPERTY MANAGEMENT DST PROPERTY MANAGEMENT 2300 W SAMPLE ROAD 310 POMPANO BEACH, FL 33073 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: DST PROPERTY MANAGEMENT

04/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title VP Title VP

Name HAMMOCK, SUSAN Name EVANGELISTA, BRUCE

Address DST PROPERTY MANAGEMENT Address DST PROPERTY MANAGEMENT

2300 W SAMPLE ROAD 310 2300 W SAMPLE ROAD 310

City-State-Zip: POMPANO BEACH FL 33073 City-State-Zip: POMPANO BEACH FL 33073

Title TREASURER Title DIRECTOR

Name ALDINGER, FRED Name GUGEL, CHARLES

Address DST PROPERTY MANAGEMENT Address DST PROPERTY MANAGEMENT

2300 W SAMPLE ROAD 310 2300 W SAMPLE ROAD 310

City-State-Zip: POMPANO BEACH FL 33073 City-State-Zip: POMPANO BEACH FL 33073

Title SECRETARY Title PRESIDENT

Name KASZUBINSKI, SHAWN Name MORALES, RAMON

Address DST PROPERTY MANAGEMENT Address DST PROPERTY MANAGEMENT

2300 W SAMPLE ROAD 310 2300 W SAMPLE ROAD 310

City-State-Zip: POMPANO BEACH FL 33073 City-State-Zip: POMPANO BEACH FL 33073

Title DIRECTOR
Name PRICE, MARIA

Address DST PROPERTY MANAGEMENT

2300 W SAMPLE ROAD 310

City-State-Zip: POMPANO BEACH FL 33073

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: MORALES, RAMON P 04/02/2024