

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003938

**FILED  
Mar 20, 2014  
Secretary of State  
CC0432631076**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 02-0694238**

**Certificate of Status Desired: No**

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

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

Title VP  
Name ALBANIS, WILLIAM  
Address 1801 N. FLAGLER DRIVE, #639  
City-State-Zip: WEST PALM BEACH FL 33407

Title S  
Name SANTIGATE, MARIA  
Address 793 EAST RESTON ROAD.  
City-State-Zip: EAST MEADOW NY 11554

Title T  
Name DALY, PAMELA  
Address 1801 N. FLAGLER DRIVE #817  
City-State-Zip: WEST PALM BEACH FL 33407

Title D  
Name KOLINS, RON  
Address 701 SOUTH OLIVE AVENUE  
City-State-Zip: WEST PALM BEACH FL 33401

*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**

**PRESIDENT**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date