

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003938

**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:** CAROLE ARONSON

04/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            MEADE, CAROLE  
Address        1801 N. FLAGLER DRIVE #307  
City-State-Zip: WEST PALM BEACH FL 33407

Title            SECRETARY  
Name            CABECEIRAS, KEITH  
Address        1801 N. FLAGLER DRIVE #130  
City-State-Zip: WEST PALM BEACH FL 33407

Title            TREASURER  
Name            MILLIMAN, BRUCE  
Address        1801 N. FLAGLER DRIVE #710  
City-State-Zip: WEST PALM BEACH FL 33407

Title            DIRECTOR  
Name            CONWAY, THOMAS  
Address        1801 N. FLAGLER DRIVE #314  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** PAMELA DALY

PRESIDENT

04/22/2023

Electronic Signature of Signing Officer/Director Detail

Date