

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N14000008042

Entity Name: SAN SALITO OWNERS ASSOCIATION, INC.

FILED
Aug 13, 2020
Secretary of State
9811707926CC

Current Principal Place of Business:

112 N PONCE DE LEON BLVD.
UNIT C
ST. AUGUSTINE, FL 32084

Current Mailing Address:

P.O. BOX 1389
ST. AUGUSTINE, FL 32085 US

FEI Number: 47-1852717

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALSOP PROPERTY MANAGEMENT LLC
112 N PONCE DE LEON BLVD.
UNIT C
ST. AUGUSTINE, FL 32084 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: JANEEN L RAULERSON

08/13/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name GLORIA, PFEIFFER
Address 112 N PONCE DE LEON BLVD.
UNIT C
City-State-Zip: ST. AUGUSTINE FL 32084

Title PRESIDENT
Name FERRY, MICHAEL
Address 112 N PONCE DE LEON BLVD.
UNIT C
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR
Name THOMPSON, ROBERT
Address 112 N PONCE DE LEON BLVD.
UNIT C
City-State-Zip: ST. AUGUSTINE FL 32084

Title SECRETARY
Name BRECCIA, CHRIS
Address 112 N PONCE DE LEON BLVD.
UNIT C
City-State-Zip: ST. AUGUSTINE FL 32084

Title TREASURER
Name CENZANO, CORINNE
Address 112 N PONCE DE LEON BLVD.
UNIT C
City-State-Zip: ST. AUGUSTINE FL 32084

Title AGENT
Name MANAGEMENT, ALSOP PROPERTY
Address 112 N PONCE DE LEON BLVD.
UNIT C
City-State-Zip: ST. AUGUSTINE FL 32084

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: ALSOP PROPERTY MANAGEMENT

CAM

08/13/2020

Electronic Signature of Signing Officer/Director Detail

Date