#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008042

Entity Name: SAN SALITO OWNERS ASSOCIATION, INC.

FILED Feb 10, 2021 Secretary of State 1973491091CC

## **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 02/10/2021

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title VP Title PRESIDENT

Name GLORIA, PFEIFFER Name BROGNA, ROBERT

Address P.O BOX 1389 Address P.O BOX 1389

City-State-Zip: ST. AUGUSTINE FL 32085 City-State-Zip: ST. AUGUSTINE FL 32085

TitleDIRECTORTitleSECRETARYNameTHOMPSON, ROBERTNameBRECCIA, CHRISAddressP.O BOX 1389AddressP.O BOX 1389

City-State-Zip: ST. AUGUSTINE FL 32085 City-State-Zip: ST. AUGUSTINE FL 32085

Title TREASURER Title AGENT

Name PULONE, BEN Name RAULERSON, JANEEN

Address P.O BOX 1389 Address P.O BOX 1389

City-State-Zip: ST. AUGUSTINE FL 32085 City-State-Zip: ST. AUGUSTINE FL 32085

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: ROBERT BROGNA

**PRESIDENT** 

02/10/2021