2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15230

Entity Name: ASCOT PROPERTY OWNERS' ASSOCIATION, INC.

FILED Mar 01, 2024 Secretary of State 0323531972CC

Current Principal Place of Business:

C/O CREST MANAGEMENT GROUP 6413 CONGRESS AVENUE STE 100 BOCA RATON, FL 33487

Current Mailing Address:

C/O CREST MANAGEMENT GROUP 6413 CONGRESS AVENUE STE 100 BOCA RATON, FL 33487 US

FEI Number: 59-2734199 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUDD, GARY C/O CREST MANAGEMENT GROUP 6413 CONGRESS AVENUE STE 100 BOCA RATON, FL 33487 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: GARY BUDD 03/01/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title ASST, VP Title ASST, VP

Name MILLER, NATHAN Name WEISS, DONNA

6413 CONGRESS AVENUE C/O CREST MANAGEMENT GROUP Address Address 6413 CONGRESS AVENUE STE 100

100

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

Title **PRESIDENT** Title ASST. TREASURER Name ROSENTHAL, GLEN Name FISCHER, DONALD

Address C/O CREST MANAGEMENT GROUP Address C/O CREST MANAGEMENT GROUP

> 6413 CONGRESS AVENUE STE 100 6413 CONGRESS AVENUE STE 100

City-State-Zip: **BOCA RATON FL 33487** City-State-Zip: **BOCA RATON FL 33487**

Title **SECRETARY** Title **TREASURER**

ELFANT, MARVIN Name STEIN, ART Name

C/O CREST MANAGEMENT GROUP Address C/O CREST MANAGEMENT GROUP Address

6413 CONGRESS AVENUE STE 100 6413 CONGRESS AVENUE STE 100

City-State-Zip: **BOCA RATON FL 33487** City-State-Zip: **BOCA RATON FL 33487**

Title DIRECTOR Title ASST. VP

Name STEIN, DR. RITA Name SONNENREICH, MICHAEL

Address C/O CREST MANAGEMENT GROUP Address C/O CREST MANAGEMENT GROUP

> 6413 CONGRESS AVENUE STE 100 6413 CONGRESS AVENUE STE 100

BOCA RATON FL 33487 BOCA RATON FL 33487 City-State-Zip: City-State-Zip:

Continues on page 2

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: GLEN ROSENTHAL **PRESIDENT** 03/01/2024

Officer/Director Detail Continued:

Title DIRECTOR

Name GALPERN, DAVID

Address C/O CREST MANAGEMENT GROUP

6413 CONGRESS AVENUE STE 100

City-State-Zip: BOCA RATON FL 33487