

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15461

**Entity Name:** DADELAND COVE SECTION ONE HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**May 06, 2025**  
**Secretary of State**  
**9831855475CC****Current Principal Place of Business:**C/O CASTLE GROUP  
12270 SW 3RD STREET SUITE 200  
PLANTATION, FL 33325**Current Mailing Address:**12270 SW 3RD STREET  
SUITE 200  
PLANTATION, FL 33325 US**FEI Number: 59-2802749****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WASSERSTEIN, P.A.  
301 YAMATO ROAD  
SUITE 2199  
BOCA RATON, FL 33431 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:** WASSERSTEIN PA**05/06/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** VP  
**Name** BAYZID, TARIQ  
**Address** 7840 SW 102ND LN  
**City-State-Zip:** MIAMI FL 33156**Title** PRESIDENT  
**Name** PORTNOY, DANIEL  
**Address** 10265 SW 77 CT  
**City-State-Zip:** MIAMI FL 33156**Title** TREASURER  
**Name** CESARANO, TERESA  
**Address** 10081 SW 77 CT  
**City-State-Zip:** MIAMI FL 33156**Title** DIRECTOR  
**Name** COLLINS, JACKLYN  
**Address** 10277 SW 77TH CT  
**City-State-Zip:** MIAMI FL 33156**Title** DIRECTOR  
**Name** MCKAY, JOSHUA  
**Address** 10129 SW 77 CT  
**City-State-Zip:** MIAMI FL 33156**Title** SECRETARY  
**Name** PEREZ-EGUREN, FEDERICO  
**Address** 10124 SW 77 CT  
**City-State-Zip:** MIAMI FL 33156**Title** DIRECTOR  
**Name** DAVILA, JOSE  
**Address** 10067 SW 77 CT  
**City-State-Zip:** MIAMI FL 33156**Title** DIRECTOR  
**Name** SALVA, SASHA  
**Address** 7848 SW 102ND LN  
**City-State-Zip:** MIAMI FL 33156**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:** DANIEL PORTNOY**PRESIDENT****05/06/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GONZALEZ, ALVARO
Address	7858 SW 102 LN
City-State-Zip:	MIAMI FL 33156