

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15461

Entity Name: DADELAND COVE SECTION ONE HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 02, 2021
Secretary of State
0225832124CC**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
#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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name SANABRIA, VICTOR
Address 10116 SW 77 CT
City-State-Zip: MIAMI FL 33156**Title** DIRECTOR
Name TYRE, DENISE
Address 10129 SW 77 CT
City-State-Zip: MIAMI FL 33156**Title** PRESIDENT
Name PORTNOY, DANIEL
Address 10265 SW 77 CT
City-State-Zip: MIAMI FL 33156**Title** DIRECTOR
Name WEBSTER, RICHARD
Address 10209 SW 77 CT
City-State-Zip: MIAMI FL 33156**Title** TREASURER
Name SPELIOS, GREGORY
Address 10275 SW 77TH 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 BERG, BARBARA
Address 7846 SW 102 LN
City-State-Zip: MIAMI FL 33156**Title** DIRECTOR
Name ISAIAS, JOCELYN
Address 10062 SW 77 CT
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****04/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MUJICA, JOSE
Address	10295 SW 77CT
City-State-Zip:	MIAMI FL 33156