

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002946

FILED
Apr 20, 2017
Secretary of State
CC3020919633

Entity Name: SFLC PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

270 PARK AVENUE, 7TH FLOOR
NEW YORK, NY 10017

Current Mailing Address:

P.O. BOX 5005
NEW YORK, NY 33134 US

FEI Number: 32-0506845

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINES ISLAND ROAD
PLANTATION, FL 33324 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 DP
Name FIRTH, D. NICHOLAS
Address 270 PARK AVENUE 7TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title DVP
Name TODD, DALE
Address 270 PARK AVENUE
7TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title D
Name MARCUS, DANIEL
Address 2855 LEJUNE ROAD
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VPT
Name STRZYZ, CYNDI
Address 270 PARK AVENUE
7TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title VP
Name PISTONE, JOSEPH
Address 270 PARK AVENUE 7TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title VP
Name AGARWAL, SAHIL
Address 270 PARK AVENUE
7TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title VP
Name VALITS, NATALY
Address 270 PARK AVENUE
7TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title VPS
Name GAVRILOVA, ETHEL
Address 270 PARK AVENUE, 7TH FLOOR
City-State-Zip: NEW YORK NY 10017

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: ETHEL GAVRILOVA

VP

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date