

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002946

FILED
Mar 16, 2020
Secretary of State
5361565476CC

Entity Name: SFLC PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

383 MADISON AVENUE
NEW YORK, NY 10017

Current Mailing Address:

C/O CHRISTIAN PORWOLL, 277 PARK AVENUE
35TH FLOOR
NEW YORK, NY 10172 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 BOOHOFF, ALLINA
Address 277 PARK AVENUE
36TH FLOOR
City-State-Zip: NEW YORK NY 10172

Title DVP
Name ANDREWS, TARA
Address 277 PARK AVENUE
36TH FLOOR
City-State-Zip: NEW YORK NY 10172

Title VPT
Name STRZYZ, CYNDI
Address 277 PARK AVENUE
36TH FLOOR
City-State-Zip: NEW YORK NY 10172

Title VP
Name PISTONE, JOSEPH
Address 277 PARK AVENUE
35TH FLOOR
City-State-Zip: NEW YORK NY 10172

Title VP
Name AGARWAL, SAHIL
Address 277 PARK AVENUE
35TH FLOOR
City-State-Zip: NEW YORK NY 10172

Title VP
Name VALITS, NATALY
Address 277 PARK AVENUE
35TH FLOOR
City-State-Zip: NEW YORK NY 10172

Title VPS
Name GAVRILOVA, ETHEL
Address 277 PARK AVENUE
36TH FLOOR
City-State-Zip: NEW YORK NY 10172

Title VP
Name LLADO, ROXANNE
Address 277 PARK AVENUE
36TH FLOOR
City-State-Zip: NEW YORK NY 10172

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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: ROXANNE LLADO

VICE PRESIDENT

03/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FIRTH, D. NICHOLAS
Address 10 SOUTH DEARBORN ST.
 SUITE 3800
City-State-Zip: CHICAGO IL 60603