### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002946

Entity Name: SFLC PROPERTY OWNERS ASSOCIATION, INC.

**FILED** Mar 22, 2021 **Secretary of State** 2791025251CC

## **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 DΡ Title DVP

Name BOOHOFF, ALLINA Name ANDREWS, TARA

Address 277 PARK AVENUE Address 277 PARK AVENUE 36TH FLOOR

36TH FLOOR

NEW YORK NY 10172 City-State-Zip: City-State-Zip: NEW YORK NY 10172

Title **VPT** Title VΡ

STRZYZ, CYNDI PISTONE, JOSEPH Name Name

277 PARK AVENUE 277 PARK AVENUE Address Address 36TH FLOOR 35TH FLOOR

City-State-Zip: NEW YORK NY 10172 City-State-Zip: NEW YORK NY 10172

Title VΡ VΡ Title

Name AGARWAL, SAHIL Name VALITS, NATALY Address 277 PARK AVENUE Address 277 PARK AVENUE 35TH FLOOR 35TH FLOOR

City-State-Zip: NEW YORK NY 10172 City-State-Zip: NEW YORK NY 10172

Title **VPS** Title VΡ

GAVRILOVA, ETHEL Name LLADO. ROXANNE Name 277 PARK AVENUE 277 PARK AVENUE Address Address 36TH FLOOR 36TH FLOOR

NEW YORK NY 10172 NEW YORK NY 10172 City-State-Zip: City-State-Zip:

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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.

03/22/2021 SIGNATURE: ROXANNE LLADO **AUTHORIZED** SIGNATORY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name FIRTH, D. NICHOLAS

10 SOUTH DEARBORN ST. SUITE 3800 Address

City-State-Zip: CHICAGO IL 60603