

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90570 013 ****61.25

20036567

DOCUMENT # 721529 1. Entity Name ALLINGTON TOWERS CONDOMINIUM, INC.																																					
Principal Place of Business 1600 S. OCEAN DR. HOLLYWOOD, FL 33019			Mailing Address 1600 S. OCEAN DR. HOLLYWOOD, FL 33019																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																			
City & State		City & State		4. FEI Number 59-1379282																																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent SUNRAE MGMT SERVICES, INC. 7071 W COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																	
8. 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. I am familiar with, and accept the obligations of registered agent.																																					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																	
Make check payable to Florida Department of State																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 40%;">SHEA, MARGE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>1600 S OCEAN DRIVE # 3B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>HOLLYWOOD, FL 33019</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">SCOTT VERNAL</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>1600 S. OCEAN DR #3A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>HOLLYWOOD, FL 33019</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	SHEA, MARGE	<input type="checkbox"/> Delete	NAME		1600 S OCEAN DRIVE # 3B		STREET ADDRESS		HOLLYWOOD, FL 33019		CITY-ST-ZIP				TITLE	D	SCOTT VERNAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME		1600 S. OCEAN DR #3A		STREET ADDRESS		HOLLYWOOD, FL 33019		CITY-ST-ZIP			
TITLE	P	SHEA, MARGE	<input type="checkbox"/> Delete																																		
NAME		1600 S OCEAN DRIVE # 3B																																			
STREET ADDRESS		HOLLYWOOD, FL 33019																																			
CITY-ST-ZIP																																					
TITLE	D	SCOTT VERNAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																		
NAME		1600 S. OCEAN DR #3A																																			
STREET ADDRESS		HOLLYWOOD, FL 33019																																			
CITY-ST-ZIP																																					
TITLE		NAME		STREET ADDRESS																																	
NAME		TITLE		NAME																																	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS																																	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP																																	
TITLE		NAME		STREET ADDRESS																																	
NAME		TITLE		NAME																																	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS																																	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP																																	
TITLE		NAME		STREET ADDRESS																																	
NAME		TITLE		NAME																																	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS																																	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP																																	
TITLE		NAME		STREET ADDRESS																																	
NAME		TITLE		NAME																																	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS																																	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP																																	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #