

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90175 011 ****61.25

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**

60033016



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1379282

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUNRAE PROPERTY MANAGEMENT
7071 W COMMERCIAL BLVD
SUITE 2B
TAMARAC, FL 33319**

Name **Sunrae Property Management**
Street Address (P.O. Box Number is Not Acceptable)
6915 Taft Street
City **Hollywood** FL Zip Code **33024**

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 **Jeff Goldberg**
Signature, typed or printed name of registered agent and title if applicable.

Jeff Goldberg
(NOTE: Registered Agent signature required when reinstating)

4-28-08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHEA, MARGE	
STREET ADDRESS	1600 S OCEAN DRIVE # 3B	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SBARBARO, ROBERT	
STREET ADDRESS	1600 S. OCEAN DR. #16G	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOZEK, DONALD	
STREET ADDRESS	1600 S. OCEAN DR. #12B	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NISSINOFF, BEVERLY	
STREET ADDRESS	1600 S OCEAN DRIVE # 5E	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, WILLIAM	
STREET ADDRESS	1600 S. OCEAN DR. #1E	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOVA, MICHAEL	
STREET ADDRESS	1600 S OCEAN DR 11C	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINNEN, GLEN	
STREET ADDRESS	1600 S. OCEAN DR #18	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	NIEMAN, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1600 S. OCEAN DR #16E	
STREET ADDRESS	HOLLYWOOD, FL 33019	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, WILLIAM	
STREET ADDRESS	1600 S. OCEAN DR #11B	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRO, MICHAEL	
STREET ADDRESS	1600 S. OCEAN DR. #12E	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **ROBERT SBARBARO, Robert Sbarbaro Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date

954-925-7551
Daytime Phone #