

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 710812

**Entity Name:** PARK TOWER ASSOCIATION, INC.

**Current Principal Place of Business:**

1151 N FORT LAUDERDALE BEACH BLVD  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

1151 N FORT LAUDERDALE BEACH BLVD  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 59-1232035

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PEYTONBOLIN, PL  
3343 W COMMERCIAL BLVD, SUITE 100  
FORT LAUDERDALE, FL 33309 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:** JANE BOLIN

04/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           OKRONGLY, MARYANN  
Address       1151 N FT LAUDERDALE BEACH  
                  BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           DIRECTOR  
Name           GRADY, SALLY  
Address       1151 N FT LAUDERDALE BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           SECRETARY  
Name           GARCIA, BERNARDO  
Address       1151 N FT LAUDERDALE BEACH  
                  BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           PRESIDENT  
Name           SPERA, MARGARET  
Address       11151 N FT LAUDERDALE BLVD  
City-State-Zip: FT LAUDERDALE FL 33304

Title           DIRECTOR  
Name           SHANI, NISSIM  
Address       1151 N FT LAUDERDALE BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           DIRECTOR  
Name           GARLATTI, GLEN  
Address       1151 N FT LAUDERDALE BEACH  
                  BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** MARGARET SPERA

**PRESIDENT**

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date