

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

DOCUMENT# 715574

**FILED**  
**Mar 12, 2024**  
**Secretary of State**  
**6579501928CC**

**Entity Name:** ADMIRAL TOWERS CONDOMINIUM, INC.

**Current Principal Place of Business:**

ADMIRAL TOWERS CONDOMINIUM  
1020 MERIDIAN AVE #300  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O ALLIED PROPERTY GROUP  
12350 SW 132 CT SUITE 114  
MIAMI, FL 33186 US

**FEI Number:** 59-1280325

**Certificate of Status Desired:** No

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

KAYE BENDER REMBAUM, PL  
1200 PARK CENTRAL BLVD SOUTH  
POMPANO BEACH, FL 33064 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:** MICHAEL S BENDER

03/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GARDONCINI, CAROLE  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 CT SUITE 114  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            BRANDT, BENJAMIN  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 CT SUITE 114  
City-State-Zip: MIAMI FL 33186

Title            TREASURER  
Name            WARE, LISA  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 CT SUITE 114  
City-State-Zip: MIAMI FL 33186

Title            SECRETARY  
Name            COLE, KIMBERLY  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 CT SUITE 114  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            WAYSHNER, MICHAEL C  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 CT SUITE 114  
City-State-Zip: MIAMI FL 33186

*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:** CAROLE GARDONCINI

PRESIDENT

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date