

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 719128

**Entity Name:** CONDOMINIUM ASSOCIATION OF PARKER PLAZA ESTATES, INC.

**FILED  
Sep 25, 2019  
Secretary of State  
4457607049CC**

**Current Principal Place of Business:**

2030 SOUTH OCEAN DRIVE  
HALLANDALE, FL 33009

**Current Mailing Address:**

2030 SOUTH OCEAN DRIVE  
HALLANDALE, FL 33009 US

**FEI Number: 59-1305454**

**Certificate of Status Desired: No**

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

MARANGES, MATTHEW ESQ  
PETERSON, BALDOR & MARANGES, PLLC  
8000 SW 117 AVENUE STE 206  
MIAMI, FL 33183 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 VP  
Name YACOBACCI, GENE  
Address 2030 S OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title TREASURER  
Name GENNARO, WILLIAM  
Address 2030 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title SECRETARY  
Name LUSTIG, LINDA  
Address 2030 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name CHAIKEN, WILLIAM  
Address 2030 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name ASATURYAN, ROBERTINO  
Address 2030 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name SHERMAN, SIMON  
Address 2030 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title AT  
Name YUROVITSKY, GETA  
Address 2030 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT  
Name COLLAZO , RAFAEL  
Address 2030 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

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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.*

**SIGNATURE: RAFAEL COLLAZO**

**PRESIDENT**

**09/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FAGAN, MICHAEL  
Address        2030 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009