

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720845

Entity Name: NO.1 CONDOMINIUM ASSOCIATION OF PARADISE HARBOUR
OF NORTH PALM BEACH, INC.**FILED**
Apr 16, 2021
Secretary of State
1988807082CC**Current Principal Place of Business:**C/O REALTIME PROPERTY MANAGEMENT OF SOUTH FL LLC
140 INTRACOASTAL POINTE DRIVE SUITE 403
JUPITER, FL 33477**Current Mailing Address:**C/O REALTIME PROPERTY MANAGEMENT OF SOUTH FL LLC
140 INTRACOASTAL POINTE DRIVE SUITE 403
JUPITER, FL 33477 US**FEI Number:** 59-1357778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KONYK & LEMME PLLC
140 INTRACOASTAL POINTE DRIVE
SUITE 310
JUPITER, FL 33477 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:** THERESA LEMME

04/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name ARTMAN, JOHN
Address C/O REALTIME PROPERTY
 MANAGEMENT OF SOUTH FL LLC
 140 INTRACOASTAL POINTE DRIVE
 SUITE 403
City-State-Zip: JUPITER FL 33477

Title VP
Name THOMAS, DONNA
Address C/O REALTIME PROPERTY
 MANAGEMENT OF SOUTH FL LLC
 140 INTRACOASTAL POINTE DRIVE
 SUITE 403
City-State-Zip: JUPITER FL 33477

Title SECRETARY
Name DIPONIO, ANTHONY
Address C/O REALTIME PROPERTY
 MANAGEMENT OF SOUTH FL LLC
 140 INTRACOASTAL POINTE DRIVE
 SUITE 403
City-State-Zip: JUPITER FL 33477

Title DIRECTOR
Name SPANO, ROBIN
Address C/O REALTIME PROPERTY
 MANAGEMENT OF SOUTH FL LLC
 140 INTRACOASTAL POINTE DRIVE
 SUITE 403
City-State-Zip: JUPITER FL 33477

Title TREASURER
Name KROK, TERRY
Address C/O REALTIME PROPERTY
 MANAGEMENT OF SOUTH FL LLC
 140 INTRACOASTAL POINTE DRIVE
 SUITE 403
City-State-Zip: JUPITER FL 33477

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: JOHN ARTMAN**PRESIDENT**

04/16/2021

Electronic Signature of Signing Officer/Director Detail

Date