

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 721529

Entity Name: ALLINGTON TOWERS CONDOMINIUM, INC.

Current Principal Place of Business:

1600 S. OCEAN DRIVE
MANAGEMENT OFFICE
HOLLYWOOD, FL 33019

Current Mailing Address:

C/O KW PROPERTY MANAGEMENT & CONSULTING
8200 NW 33RD ST SUITE 300
MIAMI, FL 33122 US

FEI Number: 59-1379282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIEGFRIED RIVERA, PA
201 ALHAMBRE CIRCLE
ELEVENTH FLOOR
CORAL GABLES, FL 33134 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: TERRY ALLEN

08/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name CORRAO, DEBORAH
Address C/O KW PROPERTY MANAGEMENT
 & CONSULTING
 8200 NW 33RD ST SUITE 300
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name GERRARD, MICHAEL
Address C/O KW PROPERTY MANAGEMENT
 & CONSULTING
 8200 NW 33RD ST SUITE 300
City-State-Zip: MIAMI FL 33122

Title VP
Name BALAGULA, MICHAEL
Address C/O KW PROPERTY MANAGEMENT
 & CONSULTING
 8200 NW 33RD ST SUITE 300
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name ANGSTADT, WILLIAM
Address C/O KW PROPERTY MANAGEMENT
 & CONSULTING
 8200 NW 33RD ST SUITE 300
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name ULLMANN, JONATHAN
Address C/O KW PROPERTY MANAGEMENT
 & CONSULTING
 8200 NW 33RD ST SUITE 300
City-State-Zip: MIAMI FL 33122

Title SECRETARY
Name MELTSER, SOLOMON
Address C/O KW PROPERTY MANAGEMENT
 & CONSULTING
 8200 NW 33RD ST SUITE 300
City-State-Zip: MIAMI FL 33122

Title PRESIDENT
Name SONI, ABHISHEK
Address C/O KW PROPERTY MANAGEMENT
 & CONSULTING
 8200 NW 33RD ST SUITE 300
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name JURASEK, ROBERT
Address C/O KW PROPERTY MANAGEMENT &
 CONSULTING
 8200 NW 33RD STREET, SUITE 300
City-State-Zip: DORAL FL 33122

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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.

**FILED
Aug 10, 2023
Secretary of State
1405910113CC**

Officer/Director Detail Continued :

Title DIRECTOR
Name TREMBLAY, GILLES
Address 8200 NW 33RD STREET
 SUITE 300
City-State-Zip: DORAL FL 33122