#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 721529** 

Entity Name: ALLINGTON TOWERS CONDOMINIUM, INC.

**FILED** May 13, 2020 Secretary of State 2137687045CC

### **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, P.A. 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: RAFAEL DE LA ROSA 05/13/2020

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

City-State-Zip:

Address

Title **PRESIDENT** Title SECRETARY Name LUONGO, SANDRA Name BROWN, ELLIOT Address 1600 S. OCEAN DR. Address 1600 S. OCEAN DR. MANAGEMENT OFFICE MANAGEMENT OFFICE

HOLLYWOOD FL 33019 City-State-Zip: HOLLYWOOD FL 33019

Title **TREASURER** Title **DIRECTOR** 

Name LACROIX, MICHEL Name HERNANDEZ, EDUARDO

Address 1600 S. OCEAN DR. Address 1600 S. OCEAN DR. MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: HOLLYWOOD FL 33019 City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR Title DIRECTOR ANGELOVA, ANNA SCHEIDT, PHIL Name Name

Address 1600 S. OCEAN DR. Address 1600 S. OCEAN DR.

MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: HOLLYWOOD FL 33019 City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR Title DIRECTOR Name SILVAGGIO, DOMENICO Name TILELLI, LUCILLE

> 1600 S. OCEAN DR. Address 1600 S. OCEAN DR. MANAGEMENT OFFICE

MANAGEMENT OFFICE

HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 City-State-Zip: City-State-Zip:

## Continues on page 2

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: SANDRA LUONGO **PRESIDENT** 05/13/2020

# Officer/Director Detail Continued:

Title ۷P

Name FINN, STUART

Address

1600 S OCEAN DR MANAGEMENT OFFICE

City-State-Zip: HOLLYWOOD FL 33019