

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737627

**FILED**  
**Jan 24, 2014**  
**Secretary of State**  
**CC4267040275**

**Entity Name:** RICHMOND "F" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

448 RICHMOND F  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

448 RICHMOND F  
DEERFIELD BEACH, FL 33442

**FEI Number:** 59-1940145

**Certificate of Status Desired:** No

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

SLOMOVITZ, NAOMI  
448 RICHMOND F  
DEERFIELD BEACH, FL 33442 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 PD  
Name SLOMOVITZ, NAOMI  
Address 448 RICHMOND F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR  
Name BURKE, DOLORES  
Address 444 RICHMOND F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title TD  
Name KELLY, MARTA  
Address 449 RICHMOND F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title SD  
Name BERG, NORMA  
Address 146 RICHMOND F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title VPD  
Name PEVZNER, MORT  
Address 344 RICHMOND F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR  
Name MORRIS, SIDNEY  
Address 147 RICHMOND F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR  
Name UNGER, MICHAEL  
Address 245 RICHMOND F  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** MARTA KELLY

**TREASURER**

**01/24/2014**

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

\_\_\_\_\_  
Date