

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740419

Entity Name: TILFORD "A" CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

TILFORD A C/O THE WRIGHT COMMUNITY MANAGEMENT
1079 SHOTGUN RD
SUNRISE, FL 33326

Current Mailing Address:

TILFORD A C/O THE WRIGHT COMMUNITY MANAGEMENT
1079 SHOTGUN RD
SUNRISE, FL 33326 US

FEI Number: 59-1920910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABITANTE & ASSOCIATES PA
13670 ROBERT ROAD
BOKEELIA, FL 33922 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: ABITANTE & ASSOCIATES, PA

03/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name LANE, WILLIAM
Address TILFORD A C/O THE WRIGHT
 COMMUNITY MANAGEMENT
 1079 SHOTGUN RD
City-State-Zip: SUNRISE FL 33326

Title VP, DIRECTOR
Name MINI, FLAVIO
Address TILFORD A C/O THE WRIGHT
 COMMUNITY MANAGEMENT
 1079 SHOTGUN RD
City-State-Zip: SUNRISE FL 33326

Title SECRETARY, TREASURER
Name CONLEY, KATHLEEN MS
Address TILFORD A C/O THE WRIGHT
 COMMUNITY MANAGEMENT
 1079 SHOTGUN RD
City-State-Zip: SUNRISE FL 33326

Title TREASURER
Name BROWN, STEPHEN
Address TILFORD A C/O THE WRIGHT
 COMMUNITY MANAGEMENT
 1079 SHOTGUN RD
City-State-Zip: SUNRISE FL 33326

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: WILLIAM LANE

PRESIDENT

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date