

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

DOCUMENT# 740835

**Entity Name:** VENTNOR "O" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3049 VENTNOR O  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US

**FEI Number:** 59-1922124

**Certificate of Status Desired:** No

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

VALANCY, STEVEN P.A.  
311 SE 13TH STREET  
FORT LAUDERDALE, FL 33316 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:** STEVEN VALANCY

01/18/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PARNES, CHARLES K  
Address        3049 VENTNOR O  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            VP  
Name            REDA, FRANK  
Address        4053 VENTNOR O  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            TREASURER  
Name            WARSHAW, BARBARA  
Address        4049 VENTNOR O  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            SECRETARY  
Name            ROBINS, HOWARD  
Address        1048 VENTNOR O  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            KISH, GAIL  
Address        1043 VENTNOR O  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            GERSON, LESTER  
Address        3045 VENTNOR O  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            FLUSSER, JUDY  
Address        2054 VENTNOR O  
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:** CHARLES K PARNES

PRESIDENT

01/18/2020

Electronic Signature of Signing Officer/Director Detail

Date