

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745207

**Entity Name:** PARKER TOWER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3140 SOUTH OCEAN DRIVE  
HALLANDALE, FL 33009**Current Mailing Address:**3140 SOUTH OCEAN DRIVE  
HALLANDALE, FL 33009 US**FEI Number:** 59-1920067**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHN PAUL ARCIA P.A.  
175 S.W. 7TH STREET  
SUITE 2000  
MIAMI, FL 33130 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:** JOHN PAUL ARCIA

05/01/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            POMPA, LUIS  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            SECRETARY  
Name            COHEN, ZEV  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            VP  
Name            SCEMAMA, ELISA  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            SAJOR, MARYANN  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            DE FREITAS, FILOMENA FATIMA  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            TREASURER  
Name            BORREGO, ELVIRA  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title            DIRECTOR  
Name            ROSADO, JOSEPH  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

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:** LUIS POMPA

P

05/01/2021

Electronic Signature of Signing Officer/Director Detail

Date