2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757101

Entity Name: ASPEN GLEN CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 04, 2024
Secretary of State
3196125574CC

Date

Current Principal Place of Business:

C/O INDIAN SPRING MASTER ASSOCIATION 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437

Current Mailing Address:

C/O INDIAN SPRING MASTER ASSOCIATION 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437 US

FEI Number: 59-2083906 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

STOLOFF AND MANOFF 1818 S AUSTRALIAN AVE STE 400 WEST PALM BEACH, FL 33409 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:

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name KLING, WILLIAM Name WINSTEL, JAYNE

Address C/O INDIAN SPRING MASTER Address C/O INDIAN SPRING MASTER

ASSOCIATION ASSOCIATION

5995 BANNOCK TERRACE 5995 BANNOCK TERRACE

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: BOYNTON BEACH FL 33437

Title VP Title ASST. TREASURER

Name LOVUOLO, RALPH Name BRUCKHEIMER, ALLEN

Address C/O INDIAN SPRING MASTER Address C/O INDIAN SPRING MASTER

ASSOCIATION ASSOCIATION

5995 BANNOCK TERRACE 5995 BANNOCK TERRACE

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: BOYNTON BEACH FL 33437

Title TREASURER Title DIRECTOR

Name WINKLER, DAVID Name ROMER, STEVE

Address C/O INDIAN SPRING MASTER Address C/O INDIAN SPRING MASTER

ASSOCIATION ASSOCIATION

5995 BANNOCK TERRACE 5995 BANNOCK TERRACE

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR Title DIRECTOR

Name HERSH, ALEXANDER Name JOSEPH, RANDEE

Address C/O INDIAN SPRING MASTER Address C/O INDIAN SPRING MASTER

ASSOCIATION ASSOCIATION

5995 BANNOCK TERRACE 5995 BANNOCK TERRACE

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: BOYNTON BEACH FL 33437

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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 KLING PRESIDENT 03/04/2024

Officer/Director Detail Continued:

Title DIRECTOR

Name CHARLOFF, STANLEY

Address C/O INDIAN SPRING MASTER ASSOCIATION

5995 BANNOCK TERRACE

City-State-Zip: BOYNTON BEACH FL 33437