

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 757101

Entity Name: ASPEN GLEN CONDOMINIUM ASSOCIATION, INC.

FILED
May 31, 2019
Secretary of State
3001799496CC

Current Principal Place of Business:

C/O ASSOCIATION SPECIALTY GROUP, LLC
9050 PINES BLVD. SUITE 480
PEMBROKE PINES, FL 33024

Current Mailing Address:

C/O ASSOCIATION SPECIALTY GROUP, LLC
9050 PINES BLVD. SUITE 480
PEMBROKE PINES, FL 33024 US

FEI Number: 59-2083906

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHNER, LARRY E.
C/O SACHS SAX CAPLAN
6111 BROKEN SOUND PKWY. NW.. SUITE 200
BOCA RATON, FL 33487 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: LARRY E. SCHNER

05/31/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SEGAL, JEFFERY
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title VICE PRESIDENT
Name GELLMAN, ROBERT
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER
Name BRUCKHEIMER, ALLEN
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY
Name HERSH, ALEXANDER
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title ASSISTANT TREASURER
Name CHARLOFF, STANLEY
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name KONIGSBERG, NEIL
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name KLING, WILLIAM
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

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: JEFFERY SEGAL

PRESIDENT

05/31/2019

