

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763229

**Entity Name:** NORTHRIDGE PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 29, 2023**  
**Secretary of State**  
**8773491850CC**

**Current Principal Place of Business:**

5333 N. DIXIE HIGHWAY  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

1701 NE 164 STREET, 200  
C/O JOSEPH I. HOFFMAN MD  
N MIAMI BEACH, FL 33162 US

**FEI Number:** 59-2193059

**Certificate of Status Desired:** No

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

JOSEPH I HOFFMAN MD  
1701 NE 164 STREET, 200  
C/O JOSEPH I. HOFFMAN MD  
N MIAMI BEACH, FL 33162 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:** JOSEPH HOFFMAN

**01/29/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name TASLIIMI, KAMAL  
Address 5333 N DIXIE HWY  
106  
City-State-Zip: OAKLAND PARK, FL 33334

Title PRESIDENT AND TREASURER  
Name HOFFMAN, JOSEPH ISRAEL  
Address 5333 N. DIXIE HIGHWAY  
SUITE 101  
City-State-Zip: OAKLAND PARK, FL 33334

Title VP  
Name BARRY, SANDRA LOZANO  
Address 5333 N. DIXIE HIGHWAY  
SUITE 201  
City-State-Zip: OAKLAND PARK FL 33334

*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:** JOSEPH HOFFMAN

**PRESIDENT**

**01/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date