

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007469

Entity Name: PARK LAYNE TOWERS OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**400 GOLDEN ISLES DRIVE
HALLANDALE BEACH, FL 33009**Current Mailing Address:**400 GOLDEN ISLES DRIVE
ATTN: BOARD OF DIRECTORS
HALLANDALE BEACH, FL 33009**FEI Number:** 59-1027106**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NACHMAN, IRVIN WPA
4441 STIRLING RD
DANIA BEACH, FL 33314 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VP
Name STAWARZ, JAMES
Address 400 GOLDEN ISLES DR, UNIT #48
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name AMOEDO, ARMANDO
Address 400 GOLDEN ISLES DR, UNIT 7
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER
Name AGOSTINI, SABINA
Address 400 GOLDEN ISLES DRIVE
APT 15
City-State-Zip: HALLANDALE BEACH FL 33009

Title PRESIDENT
Name ALGAZE, STUART
Address 400 GOLDEN ISLES DR
36
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name GUTE, JEAN
Address 400 GOLDEN ISLES DR
35
City-State-Zip: HALLANDALE FL 33009

Title SECRETARY
Name PETERSON, JOHN
Address 400 GOLDEN ISLES DR
APT 27
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name WESTON, HERBERT
Address 400 GOLDEN ISLES DR
APT 34
City-State-Zip: HALLANDALE BEACH 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: STUART D ALGAZE**PRESIDENT****01/19/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date