

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007226

Entity Name: AVENUE LOFTS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**445 N. ANDREWS AVE STE-A
FORT LAUDERDALE, FL 33301**Current Mailing Address:**5541 N. UNIVERSITY DR.
SUITE 102
CORAL SPRINGS, FL 33067 US**FEI Number:** 27-0065992**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIRST SERVICE RESIDENTIAL
2950 N. 28TH TERRACE
HOLLYWOOD, FL 33020 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:** ANGELA ISSMAN

03/12/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	CARLSON, LINDA
Address	445 N. ANDREWS AVE STE-A
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	PRESIDENT
Name	LIPHARDT, KURT
Address	445 N. ANDREWS AVE STE-A
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	TREASURER
Name	RUIZ, KEITH
Address	445 N. ANDREWS AVE STE-A
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	VP
Name	STUBBS, DENISE
Address	445 N. ANDREWS AVE STE-A
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	DIRECTOR
Name	WRIGHT, JOEY
Address	445 N. ANDREWS AVE STE-A
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	PORTFOLIO MANAGER
Name	ISSMAN, ANGELA LCAM
Address	445 N. ANDREWS AVE STE-A
City-State-Zip:	FORT LAUDERDALE FL 33301

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: ANGELA ISSMAN

PORTFOLIO MANAGER

03/12/2020

Electronic Signature of Signing Officer/Director Detail

Date