

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007668

**FILED**  
**Jan 28, 2020**  
**Secretary of State**  
**6423267346CC**

**Entity Name:** THE HOOD ROAD CENTRE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5220 HOOD ROAD  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

5220 HOOD ROAD SUITE 110  
PALM BEACH GARDENS, FL 33418 US

**FEI Number: 06-1758187**

**Certificate of Status Desired: No**

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

LABOVICK, BRIAN F ESQ  
5220 HOOD ROAD SUITE 200  
PALM BEACH GARDENS, FL 33418 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            PRESIDENT, DIRECTOR  
Name            SINA, MALCOLM  
Address        5220 HOOD ROAD  
                  SUITE 110  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            VP, DIRECTOR  
Name            LABOVICK, BRIAN  
Address        5220 HOOD ROAD  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            TREASURER  
Name            SINA, BRYAN  
Address        5220 HOOD ROAD  
                  SUITE 110  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            SECRETARY  
Name            LOTZ, DINA  
Address        5220 HOOD ROAD SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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: BRYAN SINA**

**TREASURER**

**01/28/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date