

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007921

**Entity Name:** CARIBBEAN TOWERS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 11, 2022**  
**Secretary of State**  
**7710429261CC**

**Current Principal Place of Business:**

7545 E TREASURE DRIVE  
# CONDO OFFICE  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

7545 E TREASURE DRIVE  
# CONDO OFFICE  
NORTH BAY VILLAGE, FL 33141 US

**FEI Number:** 20-3273092

**Certificate of Status Desired:** No

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

COHEN MOIX, VERONICA  
7545 E TREASURE DRIVE  
OFFICE  
NORTH BAY VILLAGE, FL 33141 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:** VERONICA COHEN MOIX

04/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CASTRO, ALEJANDRA  
Address        7545 E TREASURE DR  
                  OFFICE  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title            SECRETARY  
Name            STEINMAN , EZEQUIEL  
Address        7545 EAST TREASURE DR  
                  OFFICE  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title            TREASURER  
Name            COHEN MOIX, VERONICA  
Address        7545 E TREASURE DRIVE  
                  OFFICE  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title            DIRECTOR  
Name            WAINWRIGHT, SY  
Address        7545 E TREASURE DRIVE  
                  OFFICE  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title            DIRECTOR  
Name            PANE, GEORGINA  
Address        7545 E TREASURE DRIVE  
                  OFFICE  
City-State-Zip: NORTH BAY VILLAGE FL 33141

*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:** VERONICA COHEN MOIX

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date