

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

DOCUMENT# N06000009726

**Entity Name:** MILLENNIUM COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O REALMANAGE  
9050 PINES BOULEVARD SUITE 480  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

C/O REALMANAGE  
P O BOX 803555  
DALLAS, TX 75380 US

**FEI Number:** 90-0338031

**Certificate of Status Desired:** No

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

EISINGER, BROWN, LEWIS, FRANKEL & CHAIET, P.A.  
C/O EISINGER, BROWN, LEWIS, FRANKEL & CHAIET, P.A.  
4000 HOLLYWOOD BLVD SUITE #265-S  
HOLLYWOOD, FL 33021 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:** DENNIS EISINGER

03/16/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TOM, GABRIEL  
Address        C/O REALMANAGE  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            VP  
Name            DE LA GARZA, JUAN LORENZO  
Address        C/O REALMANAGE  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            SECRETARY  
Name            PEREZ, ANDREW  
Address        C/O REALMANAGE  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            DIRECTOR  
Name            HILLSLEY, SHANE  
Address        C/O REALMANAGE  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            DIRECTOR  
Name            BUONICONTI, VINCENT  
Address        C/O REALMANAGE  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

*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:** GABRIEL TOM

PRESIDENT

03/16/2022

Electronic Signature of Signing Officer/Director Detail

Date