

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24638

**Entity Name:** HUNTINGTON TOWERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7370 S ORIOLE BLVD  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

2101 CENTREPARK W DRIVE #110  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 65-0028126

**Certificate of Status Desired:** No

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

GERSTIN & ASSOCIATES  
40 SE 5TH STREET #610  
BOCA RATON, FL 33432 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:** JOSHUA GERSTIN

01/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHWARTZ, NORMAN  
Address        7360 S ORIOLE BLVD #101  
City-State-Zip: DELRAY BEACH FL 33446

Title            VP  
Name            FELDMAN, MIKAIL  
Address        7360 S ORIOLE BLVD #701  
City-State-Zip: DELRAY BEACH FL 33446

Title            TREASURER  
Name            LEKAKH, BORIS  
Address        7380 S ORIOLE BLVD #504  
City-State-Zip: DELRAY BEACH FL 33446

Title            SECRETARY  
Name            ABRAMOWITZ, MITCHEL  
Address        7370 S ORIOLE BLVD #704  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            HARTMAN, WALTER  
Address        7380 S ORIOLE BLVD #606  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            RONDEL, JEFF  
Address        7380 S ORIOLE BLVD #607  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            CUNNINGHAM, MARGERY  
Address        7380 S ORIOLE BLVD #102  
City-State-Zip: DELRAY BEACH FL 33446

*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:** NORMAN SCHWARTZ

PRESIDENT

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date