

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33307

Entity Name: THE CARRIAGE CLUB NORTH CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 11, 2021
Secretary of State
9150129507CC**Current Principal Place of Business:**5005 COLLINS AVENUE
MIAMI BEACH, FL 33140**Current Mailing Address:**5005 COLLINS AVENUE
MIAMI BEACH, FL 33140 US**FEI Number: 65-0128840****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KOPELOWITZ OSTROW P.A.
JOSHUA KRUT, ESQ.
1 W. LAS OLAS BLVD., STE. 500
FORT LAUDERDALE, FL 33301 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	VP
Name	SKLAR, JOEL
Address	5005 COLLINS AVE MANAGEMENT OFFICE
City-State-Zip:	MIAMI BEACH FL 33140

Title	P
Name	EPSTEIN, MARTIN
Address	5005 COLLINS AVE., MANAGEMENT OFFICE
City-State-Zip:	MIAMI BEACH FL 33140

Title	T
Name	ELLIOTT, LYNNETTE
Address	5005 COLLINS AVE., MANAGEMENT OFFICE
City-State-Zip:	MIAMI BEACH FL 33140

Title	DIRECTOR
Name	LEVENBROWN, JACK DR.
Address	5005 COLLINS AVENUE MANAGEMENT OFFICE
City-State-Zip:	MIAMI BEACH FL 33140

Title	SECRETARY
Name	MUNCHICK, ROBERT
Address	5005 COLLINS AVENUE MANAGEMENT OFFICE
City-State-Zip:	MIAMI BEACH FL 33140

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: JOEL SKLAR**VICE PRESIDENT****02/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date