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

DOCUMENT# N96000002932

Entity Name: ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC.

FILED
Jan 11, 2022
Secretary of State
4054718518CC

#### **Current Principal Place of Business:**

10290 WEST ATLANTIC AVE.

# 480504

DELRAY BEACH, FL 33448

## **Current Mailing Address:**

10290 WEST ATLANTIC AVE.

#480504

DELRAY BEACH, FL 33448 US

FEI Number: 65-0698232 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

GERSTIN, JOSHUA G. ESQ. 40 S.E. 5TH STREET SUITE 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 G. GERSTIN 01/11/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title EXEC VICE PRESIDENT, DIRECTOR

Name VINIKOOR, LORI Name KATZ, ARNOLD

Address 10626 LA REINA ROAD Address C/0 40 S.E. 5TH STREET, SUITE 610

City-State-Zip: DELRAY BEACH FL 33446 City-State-Zip: BOCA RATON FL 33432

Title SECRETARY, DIRECTOR Title TREASURER

Name KLAUSNER, CAROL Name BORENSTEIN, DEBBIE

Address C/0 40 S.E. 5TH STREET, SUITE 610

Address C/0 40 S.E. 5TH STREET, SUITE 610

City-State-Zip: BOCA RATON FL 33432 City-State-Zip: BOCA RATON FL 33432

Title VP, DIRECTOR Title CHAIRMAN OF THE BOARD,

Name ARNOLD, NORMA DIRECTOR

Address 40 S.E. 5TH STREET, Name SCHULBAUM, ROBERT

SUITE 610 Address 40 S.E. 5TH STREET,

City-State-Zip: BOCA RATON FL 33432 SUITE 610
City-State-Zip: BOCA RATON FL 33432

Title VP

Name HAMLIN, ALLEN Title VP

Address 40 S.E. 5TH STREET, Name MARKOWITZ, KENNETH

SUITE 610 Address 40 S.E. 5TH STREET,

City-State-Zip: BOCA RATON FL 33432 SUITE 610

City-State-Zip: BOCA RATON FL 33432

# Continues on page 2

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: LORI VINIKOOR PRESIDENT 01/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name ZUCKERMAN, SUSAN

Address 40 S.E. 5TH STREET,

SUITE 610

City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR

Name FINKELSTEIN, PAUL Address C/O 40 SE 5 TH ST.

STE. 610

City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR

NameSPIELHOLZ, EVELYNAddressC/O 40 SE 5TH STREETCity-State-Zip:BOCA RATON FL 33432

Title DIRECTOR

Name GOLDBERG, JUDITH

Address C/O 40 SE 5TH ST.

STE. 610

City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR

Name CUSKADEN, ROBERT

Address C/O 40 SE 5TH STREET

City-State-Zip: BOCA RATON FL 33432