

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000068164

**Entity Name:** ARNOLD R. TOLKIN ASSOCIATES, INC.

**Current Principal Place of Business:**

1 WATER CLUB WAY  
701N  
NORTH PALM BEACH, FL 33408-3755

**Current Mailing Address:**

1 WATER CLUB WAY  
701N  
NORTH PALM BEACH, FL 33408-3755 US

**FEI Number:** 65-0893391

**Certificate of Status Desired:** Yes

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

TOLKIN, ARNOLD R  
1 WATER CLUB WAY  
701N  
NORTH PALM BEACH, FL 33408-3755 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 P  
Name TOLKIN, ARNOLD R  
Address 1 WATER CLUB WAY  
701N  
City-State-Zip: NORTH PALM BEACH FL 33408-3755

Title VP  
Name TOLKIN, BARBARA  
Address 1 WATER CLUB WAY  
701N  
City-State-Zip: NORTH PALM BEACH FL 33408-3755

Title MRS.  
Name MILLER, MICHELLE TOLKIN  
Address 1 WATER CLUB WAY  
701N  
City-State-Zip: NORTH PALM BEACH FL 33408-3755

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARNOLD R. TOLKIN

**PRESIDENT**

**02/08/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date