

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90196 023 ****61.25

DOCUMENT # **711916**

1. Entity Name **PENTHOUSE NORTH ASSOCIATION
(CONDOMINIUM)**
711916



DO NOT WRITE IN THIS SPACE

40068528

2. Principal Place of Business

101 N.E. 19 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

101 NE 19 AVENUE

Suite, Apt. #, etc.

CR2E037B (8/05)

City & State

DEERFIELD BEACH

City & State

FLORIDA

4. FEI Number

591168824

Applied For

Not Applicable

Zip

33441

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **DORIS CRNKOVIC**

Street Address (P.O. Box Number is Not Acceptable)

103 NE 19 AVENUE

DEERFIELD BEACH

City

FLORIDA

FL

Zip Code

33441

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Doris Crnkovic

DORIS CRNKOVIC

T

4/13/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME **P**
ANN FREDERICKSEN
STREET ADDRESS
105 NE 19 AVE # D154
CITY-ST-ZIP
DEERFIELD BEACH, FL. 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **S**
KAREN CZACHOROWSKI
STREET ADDRESS
105 NE 19 AVE # D354
CITY-ST-ZIP
DEERFIELD BEACH, FL. 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **T**
DORIS CRNKOVIC
STREET ADDRESS
103 NE 19 AVE # C444
CITY-ST-ZIP
DEERFIELD BEACH, FL. 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VP**
JEAN ZALECKI
STREET ADDRESS
101 NE 19 AVE. # B326
CITY-ST-ZIP
DEERFIELD BEACH, FL. 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **BM**
VINCENT BUSCEMI
STREET ADDRESS
101 NE 19 AVE # A202
CITY-ST-ZIP
DEERFIELD BEACH, FL. 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **BM**
STUART HIGGS
STREET ADDRESS
101 NE 19 AVE # B216
CITY-ST-ZIP
DEERFIELD BEACH, FL. 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Doris Crnkovic

DORIS CRNKOVIC

4/13/07

954-427-8573