

DOCUMENT #

721529

1. Entity Name

ALLINGTON TOWERS
CONDOMINIUM SOUTH

Principal Place of Business

Mailing Address

1600 SOUTH OCEAN DR
HOLLYWOOD, FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUNRAE MANAGEMENT
7071 W COMMERCIAL BLVD
TAMPA FL 33319

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARGARET SHEA ☐ Delete
1600 S OCEAN DR
HOLLYWOOD, FL 33319TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
D
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERT S BARRIO ☐ Delete
1600 S OCEAN DR
HOLLYWOOD, FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
D
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLIAM KAPLAN ☐ Delete
1600 S OCEAN DR
HOLLYWOOD, FL 33319TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
D
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SONYA KORMAN ☐ Delete
1600 S OCEAN DR
HOLLYWOOD, FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
UP
D
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BEVERLY NISSIMOFF ☐ Delete
1600 S OCEAN DR
HOLLYWOOD FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90038 036 ****61.25

CR2E037 (9/99)