

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 721529**

1. Entity Name

ALLINGTON TOWERS CONDOMINIUM, INC.**FILED**
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90713 037 ****61.25

Principal Place of Business

**1600 S. OCEAN DR.
HOLLYWOOD FL 33019**

Mailing Address

**1600 S. 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

59-1379282

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

**SURRAE MANAGEMENT SERVICES, INC.
7071 W COMMERCIAL BLVD
SUITE 2B
TAMARAC FL 33319**

7. Name and Address of New Registered Agent

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

Karen Busch, VP/LCAM

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHEA, MARGE	
STREET ADDRESS	1600 S OCEAN DRIVE # 3B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	T	<input type="checkbox"/> Delete
NAME	SBARBARO, ROBERT	
STREET ADDRESS	1600 S OCEAN DRIVE # 16 G	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORMAN, IRVING	
STREET ADDRESS	1600 S OCEAN DRIVE # 14 C	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	NISSINOFF, BEVERLY	
STREET ADDRESS	1600 S OCEAN DRIVE # 5E	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANE, SHIRLEY	
STREET ADDRESS	1600 S OCEAN DRIVE # 9J	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	HETTENA, ESTHER	
STREET ADDRESS	1600 S OCEAN DRIVE # 12 E	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abrams, Irving	
STREET ADDRESS	1600 S. Ocean Drive #10I	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lowy, Richard	
STREET ADDRESS	1600 S. Ocean Drive #11J	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Margaret J. Sheard - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-02 954-9252551

CR2E037 (9/01)