

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90072 035 ****61.25

DOCUMENT # 721529

1. Entity Name
ALLINGTON TOWERS CONDOMINIUM, INC.



Principal Place of Business
**1600 S. OCEAN DR.
HOLLYWOOD, FL 33019**

Mailing Address
**1600 S. OCEAN DR.
HOLLYWOOD, FL 33019**

94007366



01202004 No Chg-NP CR2E037 (10/03)

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

**SUNRAE MGMT SERVICES, INC.
7071 W COMMERCIAL BLVD
SUITE 2B
TAMARAC, FL 33319**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHEA, MARGE 1600 S OCEAN DRIVE # 3B HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SBARBARO, ROBERT 1600 S. OCEAN DR, #16G HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOZEK, DONALD 1600 S. OCEAN DR, #12B HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD NISSINOFF, BEVERLY 1600 S OCEAN DRIVE # 5E HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAPLAN, WILLIAM 1600 S. OCEAN DR, #1E HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Shea
MARGARET A. SHEA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-04

Daytime Phone #

954-925-2551