

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706628

**FILED**  
**Feb 26, 2021**  
**Secretary of State**  
**5643777045CC**

**Entity Name:** 520 ASSOCIATION INC

**Current Principal Place of Business:**

C/O OXFORD ASSOCIATION MANAGEMENT  
2950 NW COMMERCE PARK DRIVE SUITE 3  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

2950 NW COMMERCE PARK DRIVE, #3  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 59-1094783

**Certificate of Status Desired:** No

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

EARNHART, CRAIG D  
70 S.E. 4TH AVENUE  
DELRAY BCH, FL 33483 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 SECRETARY/TREASURER  
Name CRAIG, JUDITH  
Address 520 NE 7TH AVENUE 1-D  
City-State-Zip: DELRAY BEACH FL 33483

Title PRESIDENT  
Name EARNHART, CRAIG  
Address 70 SE 4 AVE  
City-State-Zip: DELRAY BEACH FL 33483

Title VP  
Name KRETZ, GARY  
Address 635 WEST DRIVE  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name ROSENBERG, ALEX  
Address 520 NE 7TH AVENUE  
2-E  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name CARNEY, LUCIA  
Address 520 NE 7TH AVENUE  
1-C  
City-State-Zip: DELRAY BEACH FL 33483

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

**SIGNATURE:** CRAIG EARNHART

**PRESIDENT**

**02/26/2021**

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

\_\_\_\_\_  
Date