

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719094

**Entity Name:** CONDOMINIUM ASSOCIATION OF PLAZA TOWERS SOUTH, INC.**FILED**  
**Feb 22, 2024**  
**Secretary of State**  
**8278815840CC****Current Principal Place of Business:**1849 S OCEAN DR  
HALLANDALE, FL 33009**Current Mailing Address:**1849 S OCEAN DR  
HALLANDALE, FL 33009**FEI Number: 59-1355519****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EISINGER LAW  
ATTN: ALESSANDRA STIVELMAN, ESQ.  
4000 HOLLYWOOD BLVD SUITE 265-S  
HOLLYWOOD, FL 33021 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: ALESSANDRA STIVELMAN, ESQ.****02/22/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** SHAPS, JULIA  
**Address** 1849 S. OCEAN DR. #1201  
**City-State-Zip:** HALLANDALE FL 33009**Title** VP  
**Name** VOLYNSKY, SIMON  
**Address** 1849 S OCEAN DR # 1011  
**City-State-Zip:** HALLANDALE FL 33009**Title** TREASURER  
**Name** GAVRILOVA, LUDMILA  
**Address** 1849 S OCEAN DRIVE #1214  
**City-State-Zip:** HALLANDALE FL 33009**Title** SECRETARY  
**Name** REYNOLDS, GRACE  
**Address** 1849 S OCEAN DR #911  
**City-State-Zip:** HALLANDALE FL 33009**Title** DIRECTOR  
**Name** MANDRACCHIA, ANTHONY  
**Address** 1849 S OCEAN DR #1608  
**City-State-Zip:** HALLANDALE FL 33009**Title** DIRECTOR  
**Name** BUMSHTEYN, EMMA  
**Address** 1849 S OCEAN DR #1507  
**City-State-Zip:** HALLANDALE FL 33009**Title** DIRECTOR  
**Name** CHERNOFF, BORIS  
**Address** 1849 S OCEAN DR #902  
**City-State-Zip:** HALLANDALE FL 33009**Title** DIRECTOR  
**Name** MAMONOVA, MARINA  
**Address** 1849 S OCEAN DR #1415  
**City-State-Zip:** HALLANDALE FL 33009**Continues on page 2**

*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: SIMON VOLYNSKY****VICE PRESIDENT****02/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MORDKOVICH, RITTA  
Address 1849 S OCEAN DR #1107  
City-State-Zip: HALLANDALE FL

Title DIRECTOR  
Name ZAKHAROV, VLADIMIR  
Address 1849 S OCEAN DR #506  
City-State-Zip: HALLANDALE FL

Title DIRECTOR  
Name TULCHINSKY, BLIMA  
Address 1849 S OCEAN DR #811  
City-State-Zip: HALLANDALE FL