

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725160

**FILED**  
**Mar 25, 2017**  
**Secretary of State**  
**CC0591104947**

**Entity Name:** ALLINGTON TOWERS CONDOMINIUM NORTH INC

**Current Principal Place of Business:**

1500 S. OCEAN DR.  
HOLLYWOOD, FL 33019-2363

**Current Mailing Address:**

1500 S. OCEAN DR.  
HOLLYWOOD, FL 33019-2363

**FEI Number: 59-1459928**

**Certificate of Status Desired: Yes**

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

LAW OFFICES OF RHONDA HOLLANDER, PA  
314 S. FEDERAL HIGHWAY  
DANIA BEACH, FL 33004 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: VINCENT GITTO, TREASURER**

**03/25/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BRODY, WILLIAM  
Address 1500 S. OCEAN DR.  
City-State-Zip: HOLLYWOOD FL 33019-2363

Title DIRECTOR  
Name NEMERSON, IRIS  
Address 1500 S. OCEAN DR.  
City-State-Zip: HOLLYWOOD FL 33019-2363

Title SECRETARY  
Name GITTO, VINCE  
Address 1500 S. OCEAN DR.  
City-State-Zip: HOLLYWOOD FL 33019-2363

Title DIRECTOR  
Name MONCHAK, ELAINE  
Address 1500 S. OCEAN DR.  
City-State-Zip: HOLLYWOOD FL 33019-2363

Title PRESIDENT  
Name BIALY, NORMAN  
Address 1500 S. OCEAN DR.  
City-State-Zip: HOLLYWOOD FL 33019-2363

Title DIRECTOR  
Name PARADISO, DAN  
Address 1500 S. OCEAN DR.  
City-State-Zip: HOLLYWOOD FL 33019-2363

Title DIRECTOR  
Name SCAROLA, MARIA  
Address 1500 S. OCEAN DR.  
City-State-Zip: HOLLYWOOD FL 33019-2363

Title VP  
Name MCMORROUGH, THEODORE  
Address 1500 S. OCEAN DR.  
City-State-Zip: HOLLYWOOD FL 33019-2363

**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: HAROLD NEWMAN**

**TREASURER**

**03/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER

Name           NEWMAN, HAROLD ESQ.

Address        1500 S. OCEAN DR.

City-State-Zip: HOLLYWOOD FL 33019-2363