

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 725160

Entity Name: ALLINGTON TOWERS CONDOMINIUM NORTH INC

FILED
Apr 06, 2022
Secretary of State
1315264234CC

Current Principal Place of Business:

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

Current Mailing Address:

1500 S. OCEAN DR.
MANAGEMENT OFFICE
HOLLYWOOD, FL 33019-2363 US

FEI Number: 59-1459928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BACKER ABOUD POLIAKOFF & FOELSTER, LLP
400 S DIXIE HWY STE 420
BOCA RATON, FL 33432 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
Name AXIOTIS, GEORGE
Address 1500 S. OCEAN DR.
MANAGEMENT OFFICE
City-State-Zip: HOLLYWOOD FL 33019-2363

Title PRESIDENT
Name CLOAK, EDWARD
Address 1500 S. OCEAN DR.
MANAGEMENT OFFICE
City-State-Zip: HOLLYWOOD FL 33019-2363

Title VP
Name SKOPP, JERRY
Address 1500 S. OCEAN DR.
MANAGEMENT OFFICE
City-State-Zip: HOLLYWOOD FL 33019-2363

Title DIRECTOR
Name KLAJMAN, GILBERT
Address 1500 S. OCEAN DR.
MANAGEMENT OFFICE
City-State-Zip: HOLLYWOOD FL 33019-2363

Title DIRECTOR
Name MICHELETTI, ANTONIA
Address 1500 S. OCEAN DR.
MANAGEMENT OFFICE
City-State-Zip: HOLLYWOOD FL 33019-2363

Title TREASURER
Name PUENTES, JANET
Address 1500 SOUTH OCEAN DRIVE
MANAGEMENT OFFICE
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR
Name ESKANDER, NAGY
Address 1500 S OCEAN DRIVE
City-State-Zip: HOLLYWOOD, FL FL 33019

Title DIRECTOR
Name FRITSCHI, LOIS
Address 1500 S OCEAN DRIVE
City-State-Zip: HOLLYWOOD FL 33019

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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: JANET PUENTES

TREASURER

04/06/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GARCIA, RAMON
Address 1500 S. OCEAN DR.
 MANAGEMENT OFFICE
City-State-Zip: HOLLYWOOD FL 33019-2363