

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 02, 2014**

**Secretary of State**

**CC6740074568**

DOCUMENT# 725160

**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:** No

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

STRALEY & OTTO, P.A.  
2699 STIRLING RD STE C-207  
FT LAUDERDALE, FL 33312 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 P  
Name BRODY, WILLIAM PRES.  
Address 1500 S. OCEAN DR., #11A  
City-State-Zip: HOLLYWOOD FL 33019-2363

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

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

Title DIRECTOR  
Name NEMERSON, IRIS  
Address 1500 S. OCEAN DR., #3F  
City-State-Zip: HOLLYWOOD FL 33019

Title TREASURER  
Name GITTO, VINCE  
Address 1500 S. OCEAN DR., #6G  
City-State-Zip: HOLLYWOOD FL 33019

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

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

Title DIRECTOR  
Name BIALY, NORMAN  
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: WILLIAM BRODY**

**PRESIDENT**

**04/02/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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