

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725160

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

**FILED**  
**Jan 03, 2022**  
**Secretary of State**  
**5726557728CC**

**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 DIRECTOR  
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 VP  
Name STABILE, VINCENTE  
Address 1500 S OCEAN DRIVE  
City-State-Zip: HOLLYWOOD FL 33019

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

**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: JANET PUENTES**

**TREASURER**

**01/03/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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