

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745207

**Entity Name:** PARKER TOWER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3140 SOUTH OCEAN DRIVE  
HALLANDALE, FL 33009

**Current Mailing Address:**

5190 NW 167TH STREET #302  
MIAMI LAKES, FL 33014 US

**FEI Number:** 59-1920067

**Certificate of Status Desired:** No

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

JOHN PAUL ARCIA P.A.  
175 S.W. 7TH STREET  
SUITE 2000  
MIAMI, FL 33130 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:** JOHN PAUL ARCIA

01/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           POMPA, LUIS  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           SECRETARY  
Name           COHEN, ZEV  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           VP  
Name           SCEMAMA, ELISA  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           DIRECTOR  
Name           ZOGRAF, ALEXANDER  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title           DIRECTOR  
Name           SAJOR, MARYANN  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           DIRECTOR  
Name           DE FREITAS, FILOMENA FATIMA  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           TREASURER  
Name           BORREGO, ELVIRA  
Address        3140 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

*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:** LUIS POMPA

PRESIDENT

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date