

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747694

Entity Name: ANNIE'S CASTLE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**8751 W. BROWARD BLVD.
SUITE 400
PLANTATION, FL 33324**Current Mailing Address:**P.O. BOX 19439
PLANTATION, FL 33318 US**FEI Number:** 59-1926325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE LAW OFFICES OF LEE H. BALLARD, P.A.
10100 W SAMPLE RD, THIRD FLOOR
CORAL SPRINGS, FL 33065 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 DIR/PRES
Name POPOVICH, DAVID
Address 905 NE 28 STREET
#206
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR, SECRETARY, VP
Name MOHSEN, ADEL
Address 905 NE 28 ST #208
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR
Name RODRIGUEZ, ANDRES
Address 44 NE 29TH ST
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR
Name CRESPO, RICARDO
Address 905 NE 28TH ST
#205
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR, TREASURER
Name BRACE, CHRISTOPHER
Address 905 NE 28 STREET
APT 105
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR
Name CAMPBELL, EILEEN
Address 117 W 123 ST #1A
City-State-Zip: NEW YORK NY 10027

Title DIRECTOR
Name PEREZ, JULIO
Address 905 NE 28TH ST
#207
City-State-Zip: WILTON MANORS FL 33334

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: POPOVICH , DAVID**PRESIDENT****02/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date