

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761539

Entity Name: APTH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**GUARANTEE MANAGEMENT
6925 N.W. 42ND STREET
MIAMI, FL 33166**Current Mailing Address:**GUARANTEE MANAGEMENT
6925 N.W. 42ND STREET
MIAMI, FL 33166**FEI Number: 59-2163136****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLAZER AND ASSOCIATES, P.A.
3113 STIRLING ROAD
SUITE 201
FORT 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:** ERIC M. GLAZER, ESQ.

01/04/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KRITZLER, RONALD
Address 6925 NW 42ND ST
City-State-Zip: MIAMI FL 33166

Title VP
Name KATZ, JAMES
Address 6925 NW 42ND ST
City-State-Zip: MIAMI FL 33166

Title SECRETARY
Name LOPEZ, HUGO
Address 6925 NW 42ND ST
City-State-Zip: MIAMI FL 33166

Title PRESIDENT
Name SRDJAN, KOSTIC
Address 6925 NW 42ND ST
City-State-Zip: MIAMI FL 33166

Title D
Name HODOROV, JONATHAN
Address 6925 NW 42ND ST
City-State-Zip: MIAMI FL 33166

Title TREASURER
Name POTTER, BARRY
Address 6925 NW 42 ST.
City-State-Zip: MIAMI FL 33166

Title DIRECTOR
Name DAVIDSON , BRUCE
Address GUARANTEE MANAGEMENT
6925 N.W. 42ND STREET
City-State-Zip: MIAMI FL 33166

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: KOSTIC SRDJAN

PRESIDENT

01/04/2016

Electronic Signature of Signing Officer/Director Detail

Date