

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008582

**Entity Name:** ALBANESE COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 18, 2024**  
**Secretary of State**  
**3761252541CC**

**Current Principal Place of Business:**

C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH, FL 33463 US

**FEI Number: 60-0000928**

**Certificate of Status Desired: No**

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

WASSERSTEIN, DANIEL  
301 YAMATO ROAD  
2199  
BOCA RATON, FL 33431 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: DANIEL WASSERSTEIN**

**03/18/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY/TREASURER  
Name EVANS, AMANDA  
Address C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title VP  
Name GINTON, REUVEN  
Address C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT  
Name KAHAN, BRIAN  
Address C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*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: KAHAN, BRIAN**

**PRESIDENT**

**03/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date