

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005536

**Entity Name:** TOWN PARK PLAZA NORTH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**5710729462CC**

**Current Principal Place of Business:**

1945 NW 5TH PLACE  
MIAMI, FL 33136

**Current Mailing Address:**

1945 NW 5TH PLACE  
MIAMI, FL 33136 US

**FEI Number: 43-2026121**

**Certificate of Status Desired: No**

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

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
C-207  
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: CHARLES F. OTTO, ESQ.**

**04/28/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CUNNINGHAM, RENARDA  
Address 1945 NW 5TH PLACE  
City-State-Zip: MIAMI FL 33136

Title VP, DIRECTOR  
Name SAMPSON, CHRISTINE  
Address 1945 NW 5TH PLACE  
City-State-Zip: MIAMI FL 33136

Title PRESIDENT, DIRECTOR  
Name QUINN, VERNON  
Address 1945 NW 5TH PLACE  
City-State-Zip: MIAMI FL 33136

Title SECRETARY, DIRECTOR  
Name COPELAND, KADESHA  
Address 1945 NW 5TH PLACE  
City-State-Zip: MIAMI FL 33136

Title TREASURER, DIRECTOR  
Name MADRIZ, ADRIAN  
Address 1945 NW 5TH PLACE  
City-State-Zip: MIAMI FL 33136

*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: QUINN , VERNON**

**PRESIDENT**

**04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date