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

DOCUMENT# N03000007226

Entity Name: AVENUE LOFTS CONDOMINIUM ASSOCIATION, INC.

**FILED** Jan 30, 2023 **Secretary of State** 8669718470CC

# **Current Principal Place of Business:**

445 N. ANDREWS AVE STE-A FORT LAUDERDALE. FL 33301

## **Current Mailing Address:**

5541 N. UNIVERSITY DR.

SUITE 102

CORAL SPRINGS. FL 33067 US

FEI Number: 27-0065992 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

LAW OFFICE OF ELAINE M. GATSOS, ESQ. 5541 N. UNIVERSITY DR. **SUITE 102** CORAL SPRINGS, FL 33067 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: KURT LIPHARDT 01/30/2023

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

**TREASURER** Title Title **PRESIDENT** RUIZ. KEITH Name Name LYN. CRAIG

Address 445 N. ANDREWS AVE STE-A Address 445 N. ANDREWS AVE STE-A City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: FORT LAUDERDALE FL 33301

Title VΡ Title **SECRETARY** 

WRIGHT, JOEY Name BYRNE, THOMAS Name 445 N. ANDREWS AVE Address

Address 445 N. ANDREWS AVE STE-A

STE. A City-State-Zip: FORT LAUDERDALE FL 33301

FORT LAUDERDALE FL 33301 City-State-Zip:

Title DIRECTOR Name BAKER, TINA

Address 445 N ANDREWS AVE

SUITE A

City-State-Zip: FORT LAUDERDALE FL 33301

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.