

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005627

**Entity Name:** BLOOM CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5350 WEST ATLANTIC AVENUE  
SUITE 100  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

BLOOM CENTER CONDOMINIUM ASSOC., INC.  
7451 WILES ROAD, SUITE 204  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 20-2968041

**Certificate of Status Desired:** No

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

KRUGER TAX, ACCOUNTING & FORENSIC ASSOCIATES, PLLC  
7451 WILES ROAD, SUITE 204  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            BLOOM, DAVID  
Address        5350 WEST ATLANTIC AVENUE,  
                  SUITE 100  
City-State-Zip: DELRAY BEACH FL 33484

Title            SEC  
Name            REMENSON, LEONOID L  
Address        5350 WEST ATLANTIC AVENUE,  
                  SUITE 100  
City-State-Zip: DELRAY BEACH FL 33484

Title            VP  
Name            YORE, LAWRENCE  
Address        5350 WEST ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33484

*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:** DAVID BLOOM

**PRESIDENT**

**02/03/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date