

2019 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 GOTTENGER, EMANUEL
Address 5350 WEST ATLANTIC AVENUE,
 SUITE 102
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

PRES

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date