

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

DOCUMENT# N07000002115

**FILED**  
**Apr 14, 2021**  
**Secretary of State**  
**6914166641CC**

**Entity Name:** LUNA OCEAN RESIDENCES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

704 NORTH OCEAN BLVD  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

C/O FLORIDA PROPERTY MANAGEMENT SERVICES LLC  
2255 GLADES ROAD 324A  
BOCA RATON, FL 33431 US

**FEI Number:** 20-8560010

**Certificate of Status Desired:** No

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

FLORIDA PROPERTY MANAGEMENT SERVICES LLC  
FLORIDA PROPERTY MANAGEMENT SERVICES LLC  
2255 GLADES ROAD 324A  
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:** GASTON REBOREDO

04/14/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            PARIZO, MARYANN  
Address        704 N OCEAN BLVD  
                  APT 803  
City-State-Zip: POMPANO BEACH FL 33062

Title            VP, DIRECTOR  
Name            ALENIER, HOWARD  
Address        704 N OCEAN BLVD  
                  APT 503  
City-State-Zip: POMPANO BEACH FL 33062

Title            TREASURER, DIRECTOR  
Name            STONECIPHER, RAYMOND  
Address        704 N OCEAN BLVD  
                  APT 704  
City-State-Zip: POMPANO BEACH FL 33062

Title            SECRETARY, DIRECTOR  
Name            HICKEY, WILLIAM  
Address        704 N OCEAN BLVD  
                  APT 604  
City-State-Zip: POMPANO BEACH FL 33062

Title            DIRECTOR  
Name            SCHIAVINO, JEFFREY  
Address        704 N OCEAN BLVD  
                  APT 402  
City-State-Zip: POMPANO BEACH FL 33062

*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:** MARYANN PARIZO

**PRESIDENT**

04/14/2021

Electronic Signature of Signing Officer/Director Detail

Date