

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12712

**Entity Name:** NORTHWEST MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 16, 2024**  
**Secretary of State**  
**3209244286CC**

**Current Principal Place of Business:**

5800 COLONIAL DR.  
MARGATE, FL 33063

**Current Mailing Address:**

7225 N UNIVERSITY DR  
ATTN: PIERINA PETROVICH SUITE 210  
TAMARAC, FL 33321 US

**FEI Number:** 61-1259843

**Certificate of Status Desired:** No

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

PETROVICH, PIERINA  
7225 N UNIVERSITY DR  
ATTN: PIERINA PETROVICH SUITE 210  
TAMARAC, FL 33321 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:** PIERINA PETROVICH

**04/16/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name KENNETH, JONES  
Address 5800 COLONIAL DR.  
City-State-Zip: MARGATE FL 33063

Title SECRETARY  
Name LINDENBOOM, KRISTEN  
Address 5800 COLONIAL DR.  
City-State-Zip: MARGATE FL 33063

Title PROPERTY MANAGER  
Name PETROVICH, PIERINA R  
Address 7225 N UNIVERSITY DR  
ATTN: PIERINA PETROVICH SUITE 210  
City-State-Zip: TAMARAC FL 33321  
Title TREASURER  
Name PANIRY, DAVID  
Address 5800 COLONIAL DR.  
City-State-Zip: MARGATE FL 33063

*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:** PIERINA PETROVICH

**PROPERTY MANAGER**

**04/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date