

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

DOCUMENT# N18298

**Entity Name:** MIZNER TOWER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jul 21, 2023**  
**Secretary of State**  
**9003921644CC**

**Current Principal Place of Business:**

300 SOUTHEAST 5TH AVENUE  
MANAGEMENT OFFICE  
BOCA RATON, FL 33432

**Current Mailing Address:**

300 SOUTHEAST 5TH AVENUE  
MANAGEMENT OFFICE  
BOCA RATON, FL 33432 US

**FEI Number: 65-0036003**

**Certificate of Status Desired: No**

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

ASSOCIATED CORPORATE SERVICES  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 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           TREASURER  
Name            SPRUNG, JOHN  
Address         300 SOUTHEAST 5TH AVENUE  
                  2140  
City-State-Zip: BOCA RATON FL 33432

Title            VP  
Name            PEDONE, MICHAEL  
Address         300 SOUTHEAST 5TH AVENUE  
                  6060  
City-State-Zip: BOCA RATON FL 33432

Title            SECRETARY  
Name            KROBOT, CHARLES  
Address         300 SE 5TH AVENUE  
                  5020  
City-State-Zip: BOCA RATON FL 33432

Title            PRESIDENT  
Name            SANDS, JOHN  
Address         300 SE 5TH AVENUE  
                  4050  
City-State-Zip: BOCA RATON FL 33432

Title            DIRECTOR  
Name            LEVY, MARK  
Address         300 SOUTHEAST 5TH AVENUE  
                  1020  
City-State-Zip: BOCA RATON FL 33432

*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: JOHN SANDS**

**PRESIDENT**

**07/21/2023**

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

\_\_\_\_\_  
Date