

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000344

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** 232 ANDALUSIA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

232 ANDALUSIA AVE.  
202  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2901 PONCE DE LEDA BLVD.  
CORAL GABLES, FL 33134

**New Mailing Address:**

3001 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134

**FEI Number:** 20-2221245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALEGO, NORA  
232 ANDALUSIA AVE, STE. 202  
CORAL GABLES, FL 33134 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** GALEGO, NORA  
**Address:** 232 ANDALUSIA AVE, STE. 202  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** VP  
**Name:** VARKI, VIJAY  
**Address:** 232 ANDALUSIA AVE, STE. 360  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** SEC  
**Name:** MOLINA, CESAR  
**Address:** 232 ANDALUSIA AVE, STE. 100  
**City-St-Zip:** CORAL GABLES, FL 33134

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:** NORA GALEGO

PSTD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date