

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 705586

Entity Name: PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 23, 2021
Secretary of State
5848991467CC

Current Principal Place of Business:

C/O MIAMI MANAGEMENT
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

Current Mailing Address:

C/O MIAMI MANAGEMENT
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 US

FEI Number: 59-1879078

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROY, DAVID R.
SE FLORIDA LAWYERS TITLE INC.
4209 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33064 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: DAVID R. ROY

06/23/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MARTUNEAC, ALAN
Address C/O MIAMI MANAGEMENT
 1145 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: SUNRISE FL 33323

Title VP
Name SOELL, ROBERT
Address C/O MIAMI MANAGEMENT
 1145 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: SUNRISE FL 33323

Title TREASURER
Name GONZALES, JOHN
Address C/O MIAMI MANAGEMENT
 1145 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name SANTORO, MICHAEL
Address C/O MIAMI MANAGEMENT
 1145 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name DIORIO, JOSEPH
Address C/O MIAMI MANAGEMENT
 1145 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name TRAPPE, BONNIE
Address C/O MIAMI MANAGEMENT
 1145 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name CUBBIN, ROBERT
Address C/O MIAMI MANAGEMENT
 1145 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: SUNRISE FL 33323

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: ALAN MARTUNEAC

PRESIDENT

06/23/2021

