

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705586

FILED
Mar 28, 2018
Secretary of State
CC6904869984

Entity Name: PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC.

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

03/28/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title TD
Name MUNOZ, DARIEN
Address C/O MIAMI MANAGEMENT
1145 SAWGRASS CORPORATE
PARKWAY
City-State-Zip: SUNRISE FL 33323

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

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

Title D
Name GUGLIELMO, ANTHONY
Address C/O MIAMI MANAGEMENT
1145 SAWGRASS CORPORATE
PARKWAY
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name WOODLAND, EILEEN
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

03/28/2018

