

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710864

Entity Name: FIRST HORIZONS CONDOMINIUM, INC.**Current Principal Place of Business:**1550 NORTHEAST 191 ST
N. MIAMI BEACH, FL 33179**Current Mailing Address:**1550 NORTHEAST 191 ST
MAIL BOX OF THE ASSOCIATION
N. MIAMI BEACH, FL 33179 US**FEI Number:** 59-1152393**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134 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:** AZUCENA DUQUE

01/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	MENDOZA, MILENKO
Address	1550 NE 191 ST 302
City-State-Zip:	NORTH MIAMI BEACH FL 33179

Title	DIRECTOR
Name	MARTINEZ , NESTOR
Address	1550 NE 191 ST 311
City-State-Zip:	NORTH MIAMI BEACH FL 33179

Title	TREASURER
Name	PADILLA, FERNANDO
Address	2351 NE MIAMI GARDENS DR
City-State-Zip:	MIAMI FL 33180

Title	PRESIDENT
Name	CIPOLLA, ANTHONY
Address	1550 NORTHEAST 191 ST
City-State-Zip:	N. MIAMI BEACH FL 33179

Title	DIRECTOR
Name	OCHOA, MILLER J
Address	1550 NORTHEAST 191 ST 301
City-State-Zip:	N. MIAMI BEACH FL 33179

Title	DIRECTOR
Name	TRACHTENBERG, MARTIN
Address	1550 NORTHEAST 191 ST 304
City-State-Zip:	N. MIAMI BEACH FL 33179

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: FERNANDO PADILLA**TREASURER**

01/25/2019

Electronic Signature of Signing Officer/Director Detail

Date