

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717197

FILED
Mar 08, 2016
Secretary of State
CC0974012881

Entity Name: MAJORCA TOWERS CONDOMINIUM, INC.

Current Principal Place of Business:

11930 N BAYSHORE DRIVE
NORTH MIAMI, FL 33181

Current Mailing Address:

C/O ROSA M. DE LA CAMARA, ESQ./BECKER & POLIAKOFF, PA
121 ALHAMBRA PLAZA 10TH FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 59-1295138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE LA CAMARA, ROSA M. ESQ
C/O BECKER & POLIAKOFF, PA
121 ALHAMBRA PLAZA 10TH FLOOR
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: ROSA M. DE LA CAMARA

03/08/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name PALAIOLOGOS, JOHN
Address C/O ROSA M. DE LA CAMARA,
 ESQ./BECKER & POLIAKOFF, PA
 121 ALHAMBRA PLAZA 10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name TANNER, THOMAS
Address C/O ROSA M. DE LA CAMARA,
 ESQ./BECKER & POLIAKOFF, PA
 121 ALAHAMBRA PLAZA 10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MITCHELL, ROBERT
Address C/O ROSA M. DE LA CAMARA,
 ESQ./BECKER & POLIAKOFF, PA
 121 ALHAMBRA PLAZA 10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name JARAMILLO, MELBA
Address C/O ROSA M. DE LA CAMARA,
 ESQ./BECKER & POLIAKOFF, PA
 121 ALHAMBRA PLAZA 10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT
Name LARICE, MARIO
Address C/O ROSA M. DE LA CAMARA,
 ESQ./BECKER & POLIAKOFF, PA
 121 ALHAMBRA PLAZA 10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MOYER, ANGELINE
Address C/O ROSA M. DE LA CAMARA,
 ESQ./BECKER & POLIAKOFF, PA
 121 ALHAMBRA PLAZA 10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name ZAMBRANO, GUILLERMO
Address C/O ROSA M. DE LA CAMARA,
 ESQ./BECKER & POLIAKOFF, PA
 121 ALHAMBRA PLAZA 10TH FLOOR
City-State-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: MARIO LARICE

PRESIDENT

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date