

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718087

**FILED  
Apr 24, 2015  
Secretary of State  
CC2400887870**

**Entity Name:** JAMES CENTRAL TOWERS CONDOMINIUM, ASSOCIATION, INC.

**Current Principal Place of Business:**

3100 NW 72ND AVENUE  
SUITE 113  
MIAMI, FL 33122

**Current Mailing Address:**

3100 NW 72ND AVENUE  
SUITE 113  
MIAMI, FL 33122

**FEI Number: 59-1299143**

**Certificate of Status Desired: No**

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

SOUTH FLORIDA CONDO.MGT, INC.  
3100 NW 72ND AVENUE  
SUITE #113  
MIAMI, FL 33122 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           CARRILLO, ANNE M  
Address        3100 NW 72 AVENUE  
                  SUITE #113  
City-State-Zip: MIAMI FL 33122

Title           SECRETARY  
Name           CARRILLO, JOSEPH  
Address        3100 NW 72 AVENUE  
                  SUITE #113  
City-State-Zip: MIAMI FL 33122

Title           TREASURER  
Name           STEELE, BRENDA  
Address        3100 NW 72 AVENUE  
                  SUITE #113  
City-State-Zip: MIAMI FL 33122

Title           VP  
Name           ESPINOSA, FRANCISCA  
Address        3100 NW 72 AVENUE  
                  SUITE #113  
City-State-Zip: MIAMI FL 33122

Title           DIRECTOR  
Name           GAGNON, STEVEN D  
Address        3100 NW 72ND AVE  
                  # 113  
City-State-Zip: MIAMI FL 33122

Title           DIRECTOR  
Name           GAGNON, STEVEN D  
Address        3100 NW 72ND AVE  
                  # 113  
City-State-Zip: MIAMI FL 33122

*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: CARRILLO , ANNE M**

**PRESIDENT**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date