

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719117

Entity Name: RENE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**7634-E SW 55 AVENUE
MIAMI, FL 33143**Current Mailing Address:**7634-E SW 55 AVENUE
MIAMI, FL 33143**FEI Number:** 59-1299992**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AUSTIN, CRAIG
7634-E SW 55 AVE
MIAMI, FL 33143 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 | P,D |
| Name | AUSTIN, CRAIG |
| Address | 7621 SW 56 AVE, UNIT A |
| City-State-Zip: | MIAMI FL 33143 |

| | |
|-----------------|---------------------|
| Title | DIRECTOR |
| Name | MARIN, CARLOS |
| Address | 7634-E SW 55 AVENUE |
| City-State-Zip: | MIAMI FL 33143 |

| | |
|-----------------|---------------------|
| Title | DIRECTOR |
| Name | BROSCH, BRUCE |
| Address | 7634-E SW 55 AVENUE |
| City-State-Zip: | MIAMI FL 33143 |

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|-----------------|---------------------|
| Title | DIRECTOR |
| Name | WELLER, ED |
| Address | 7634-E SW 55 AVENUE |
| City-State-Zip: | MIAMI FL 33143 |

| | |
|-----------------|-----------------------------|
| Title | DIRECTOR |
| Name | MADERAL, FRANCISCO R. |
| Address | 5531 SW 78 STREET UNIT D |
| City-State-Zip: | MIAMI FL 33143 |

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: CRAIG AUSTIN**PRESIDENT****04/07/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date