

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719928

Entity Name: PLAZA DEL PRADO CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**18071 BISCAYNE BOULEVARD
AVENTURA, FL 33160**Current Mailing Address:**18071 BISCAYNE BOULEVARD
AVENTURA, FL 33160 US**FEI Number: 59-1349416****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SKRLD, INC
201 ALHAMBRA CIRCLE
11TH 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: MICHAEL L. HYMAN, ESQ.****02/20/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name JOSEPH, ROSE
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160**Title** SECRETARY
Name GEHAMI, JULIANA
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160**Title** TREASURER
Name SCHWIMMER, RICARDO
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160**Title** DIRECTOR
Name ALLENDE, BEATRIZ
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160**Title** DIRECTOR
Name NAVARRO, CONSTANZA
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160**Title** VP
Name LYNN, DAVID
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160**Title** DIRECTOR
Name HOPKINS, PATRICIA
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160

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: JOSEPH , ROSE**PRESIDENT****02/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date