

2015 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 BLD
AVENTURA, FL 33160 US**FEI Number: 59-1349416****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GURSKY RAGAN, P.A.
14 N.E. 1ST AVE. 2ND FLOOR
MIAMI, FL 33132 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
Name JOSEPH, ROSE
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160

Title VP
Name DIAMOND, IRA
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160

Title D
Name GEHAMI, JULIANA
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160

Title T
Name SCHWIMMER, RICARDO
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160

Title D
Name TESONE, ALEJANDRO
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160

Title S
Name MAISHLISH, EMMANUEL
Address 18071 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33160

Title DIRECTOR
Name LYNN, DAVID
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: ROSE JOSEPH**PRESIDENT****06/03/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date