

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720563

**Entity Name:** MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6039 COLLINS AVE.  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

6039 COLLINS AVE.  
MIAMI BEACH, FL 33140

**FEI Number: 59-1377619**

**Certificate of Status Desired: No**

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

EISINGER BROWN LEWIS & FRANKEL, P.A.  
DENNIS J. EISINGER, ESQ  
4000 HOLLYWOOD BLVD., STE 265-S  
HOLLYWOOD, FL 33021 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            VALDES, ELENA  
Address        6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title            TREASURER  
Name            LEAL, JORGE  
Address        6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title            SECRETARY  
Name            LUGO, PEDRO  
Address        6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            FERNANDEZ, EDUARDO  
Address        6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            KALIVAS, EVANGELIA  
Address        6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            PEREZ, ISABEL  
Address        6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            PIPITONE, ANTHONY  
Address        6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

*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: JORGE LEAL**

**TREASURER**

**04/11/2019**

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

\_\_\_\_\_  
Date