

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725720

Entity Name: BEMAR PATIO CONDOMINIUM ASSOCIATION INC**Current Principal Place of Business:**1100 WEST 35TH STREET
HIALEAH, FL 33012**Current Mailing Address:**1100 WEST 35TH STREET
HIALEAH, FL 33012**FEI Number: 59-2070941****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CABEZAS, JORGE
1100 W. 35 ST APT # 24
HIALEAH, FL 33012 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	DIR
Name	CABEZAS, JORGE
Address	1100 W 35TH STREET APT.# 24
City-State-Zip:	HIALEAH FL 33012

Title	OFFI
Name	RODRIGUEZ, WILFREDO
Address	1100 W 35TH STREET APT.# 11
City-State-Zip:	HIALEAH FL 33012

Title	OFFI
Name	PEREZ, ROSARIO
Address	1100 W 35TH STREET APT. # 1
City-State-Zip:	HIALEAH FL 33012

Title	OFFI
Name	DIEZ, MARGOT
Address	1100 W 35 ST APT # 31
City-State-Zip:	HIALEAH FL 33012

Title	OFFI
Name	HERRERA, MARGARITA
Address	1100 W. 35TH STREET APT.# 21
City-State-Zip:	HIALEAH FL 33012

Title	OFFI
Name	ORTA, IVAN
Address	1100 W 35 ST APT # 18
City-State-Zip:	HIALEAH FL 33012

Title	TREASURER
Name	NOVALES, FRANCISCO
Address	1100 WEST 35TH ST #32
City-State-Zip:	HIALEAH FL 33012

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 CABEZAS**PRESIDENT****01/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date