

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725906

**Entity Name:** EL MIRAMAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10855 NW 33 STREET  
DORAL, FL 33172

**FILED**  
**Apr 03, 2020**  
**Secretary of State**  
**2405985288CC**

**Current Mailing Address:**

C/O RENOVATIONS PROPERTY MANAGEMENT  
PO BOX 940218  
MIAMI, FL 33194 US

**FEI Number:** 65-0343593

**Certificate of Status Desired:** No

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

MARRERO, BLANCA  
10855 NW 33 STREET  
DORAL, FL 33172 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:** BLANCA MARRERO

04/03/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARRERO, BLANCA  
Address C/O RENOVATIONS PROPERTY  
MANAGEMENT  
PO BOX 940218  
City-State-Zip: MIAMI FL 33194

Title DIRECTOR  
Name ROMY, ROBAU  
Address C/O RENOVATIONS PROPERTY  
MANAGEMENT  
PO BOX 940218  
City-State-Zip: MIAMI FL 33194

Title VP  
Name OLIVA, AMABILIA  
Address C/O RENOVATIONS PROPERTY  
MANAGEMENT  
PO BOX 940218  
City-State-Zip: MIAMI FL 33194

Title TREASURER  
Name CHACON ROMERO, ANTHONY  
Address C/O RENOVATIONS PROPERTY  
MANAGEMENT  
PO BOX 940218  
City-State-Zip: MIAMI FL 33194

Title SECRETARY  
Name ZIEGENHIRT, LINA  
Address C/O RENOVATIONS PROPERTY  
MANAGEMENT  
PO BOX 940218  
City-State-Zip: MIAMI FL 33194

*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:** BLANCA MARRERO

**PRESIDENT**

04/03/2020

Electronic Signature of Signing Officer/Director Detail

Date