

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727058

FILED
Feb 21, 2019
Secretary of State
3563048912CC**Entity Name:** PALMETTO SPRINGS CONDOMINIUM VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**6070-6090 W 18TH AVE
OFFICE
HIALEAH, FL 33012**Current Mailing Address:**PO BOX 160460
HIALEAH, FL 33016 US**FEI Number: 59-1507289****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ADVANX PROPERTY MANAGEMENT
2530 WEST 78 STREET BAY #2
HIALEAH, FL 33016 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 PRES
Name ACEVEDO, LAZARO
Address 2530 WEST 78 STREET BAY 2
City-State-Zip: HIALEAH FL 33016

Title TRS
Name MANSO, ISRAEL
Address 2530 WEST 78 STREET BAY 2
City-State-Zip: HIALEAH FL 33016

Title SEC
Name CORRALES, CARLOS J
Address 2530 WEST 78 STREET BAY 2
City-State-Zip: HIALEAH FL 33016

Title D
Name URRON , RAFAEL
Address 2530 WEST 78 STREET BAY 2
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name SANCHEZ, ERNESTO
Address 2530 WEST 78 STREET BAY 2
City-State-Zip: HIALEAH FL 33016

Title VP
Name PORTELA , RAMON
Address 2530 WEST 78 STREET BAY 2
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name DIAZ, RAMIRO
Address 2530 WEST 78 STREET BAY 2
City-State-Zip: HIALEAH FL 33016

Title ASST. SECRETARY
Name PARAPAR, LORENA
Address 2530 WEST 78 STREET BAY 2
City-State-Zip: HIALEAH FL 33016

Continues on page 2

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: ACEVEDO, LAZARO**PD****02/21/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MEDINA , ARNOLD
Address 2530 WEST 78 STREET BAY 2
City-State-Zip: HIALEAH FL 33016

Title ASST. TREASURER
Name SOTO , ELIDA
Address 2530 WEST 78 STREET BAY 2
City-State-Zip: HIALEAH FL 33016