

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

DOCUMENT# 727158

**Entity Name:** THE SOVEREIGNS CONDOMINIUM, INC.

**Current Principal Place of Business:**

6851 SW 147TH AVENUE  
MIAMI, FL 33193

**FILED**  
**Feb 13, 2020**  
**Secretary of State**  
**8149297203CC**

**Current Mailing Address:**

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

**FEI Number: 59-1514081**

**Certificate of Status Desired: No**

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

RPM  
C/O RENOVATIONS PROPERTY MANAGEMENT  
10855 NW 33 ST  
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: L VALDES**

**02/13/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title PRESIDENT  
Name CONTRERAS, NILZER  
Address C/O RENOVATIONS PROPERTY MANAGEMENT  
PO BOX 940218  
City-State-Zip: MIAMI FL 33194

Title DIRECTOR  
Name PAZ, ANA  
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: NILZER CONTRERAS**

**PRESIDENT**

**02/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date