

2024 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 26, 2024
Secretary of State
4969773322CC

Current Mailing Address:

C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
DORAL, FL 33172 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

02/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name GONZALEZ, JULIO
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

Title PRESIDENT
Name CONTRERAS, NILZER
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name NUNEZ, JUANA M
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

Title SECRETARY
Name LAZO, VILMA C
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

Title TREASURER
Name RODRIGUEZ, CONSTANZA
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name GONZALEZ , MARIA GRISEL
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name PASCUAL , MARIA TERESA
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

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

02/26/2024

Electronic Signature of Signing Officer/Director Detail

Date