

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728578

**Entity Name:** THE CLINTON ASSOCIATION, INC.**Current Principal Place of Business:**6545 INDIAN CREEK DRIVE  
MIAMI, FL 33141**Current Mailing Address:**I/C/O MIAMI POWERHOUSE MANAGEMENT  
1000 FIFTH STREET 218  
MIAMI BEACH, FL 33139 US**FEI Number:** 59-1521822**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIAMI POWERHOUSE MANAGEMENT  
1000 FIFTH STREET  
218  
MIAMI BEACH, FL 33139 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:** BETSY MORALES

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           LAZO, DAISY  
Address        I/C/O MIAMI POWERHOUSE  
                 MANAGEMENT  
                 1000 FIFTH STREET 218  
City-State-Zip: MIAMI BEACH FL 33139

Title            SECRETARY  
Name           MENDEZ, LIZZETTE  
Address        I/C/O MIAMI POWERHOUSE  
                 MANAGEMENT  
                 1000 FIFTH STREET 218  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIRECTOR  
Name           CRUZ, DANIEL  
Address        I/C/O MIAMI POWERHOUSE  
                 MANAGEMENT  
                 1000 FIFTH STREET 218  
City-State-Zip: MIAMI BEACH FL 33139

Title            D  
Name           ALFARONE, FRANK  
Address        I/C/O MIAMI POWERHOUSE  
                 MANAGEMENT  
                 1000 FIFTH STREET 218  
City-State-Zip: MIAMI BEACH FL 33139

Title            TREASURER  
Name           ALVAREDO, OSCAR  
Address        I/C/O MIAMI POWERHOUSE  
                 MANAGEMENT  
                 1000 FIFTH STREET 218  
City-State-Zip: MIAMI BEACH FL 33139

*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:** DAISY LAZO

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04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date