

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730290

FILED
Mar 05, 2014
Secretary of State
CC6879997207**Entity Name:** THE CORAL GABLES TOWER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**66 VALENCIA AVE
CORAL GABLES, FL 33134**Current Mailing Address:**C/O FIRST SERVICE RESIDENTIAL
5805 BLUE LAGOON DR. 310
MIAMI, FL 33126 US**FEI Number: 59-1688130****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIATION LAW GROUP
1200 BRICKELL AVE.
PH 2000
MIAMI, FL 33131 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	TREASURER
Name	BONAFONTE, RAFAEL
Address	C/O FIRST SERVICE RESIDENTIAL 5805 BLUE LAGOON DR. 310
City-State-Zip:	MIAMI FL 33126

Title	VP
Name	REGA, SANTIAGO
Address	C/O FIRST SERVICE RESIDENTIAL 5805 BLUE LAGOON DR. 310
City-State-Zip:	MIAMI FL 33126

Title	PRESIDENT
Name	RIVAS, RICARDO
Address	C/O FIRST SERVICE RESIDENTIAL 5805 BLUE LAGOON DR. 310
City-State-Zip:	MIAMI FL 33126

Title	DIRECTOR
Name	FATIMA, RAMON
Address	C/O FIRST SERVICE RESIDENTIAL 5805 BLUE LAGOON DR. 310
City-State-Zip:	MIAMI FL 33126

Title	SECRETARY
Name	CRIADO, TERESA
Address	C/O FIRST SERVICE RESIDENTIAL 5805 BLUE LAGOON DR. 310
City-State-Zip:	MIAMI FL 33126

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: RICARDO RIVAS**PRESIDENT****03/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date