

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731433

Entity Name: ARAGON CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2531 ARAGON BLVD.
SUNRISE, FL 33322**Current Mailing Address:**2531 ARAGON BLVD.
SUNRISE, FL 33322**FEI Number: 59-1667318****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GELLER-SCHNAITMAN, TRACEY S
2531 ARAGON BLVD
SUNRISE, FL 33322 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	TD	Title	PRESIDENT, DIRECTOR
Name	DIMOLFETTA, ROSE	Name	HOFFMAN, JOAN
Address	2531 ARAGON BLVD	Address	2531 ARAGON BLVD
City-State-Zip:	SUNRISE FL 33322	City-State-Zip:	SUNRISE FL 33322
Title	VP, DIRECTOR	Title	SD
Name	EDWARD, SHARP	Name	DRENNEN, NANCY
Address	2531 ARAGON BLVD	Address	2531 ARAGON BLVD
City-State-Zip:	SUNRISE FL 33322	City-State-Zip:	SUNRISE FL 33322
Title	DIRECTOR	Title	DIRECTOR
Name	SOLOMON, WARREN, LARRY DIR	Name	SPINDEL, LISA
Address	2531 ARAGON BLVD.	Address	2531 ARAGON BLVD.
City-State-Zip:	SUNRISE FL 33322	City-State-Zip:	SUNRISE FL 33322
Title	DIRECTOR		
Name	BATES, HAROLD		
Address	2531 ARAGON BLVD.		
City-State-Zip:	SUNRISE FL 33322		

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: EDWARD A. SHARP**PRESIDENT****04/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date