

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

DOCUMENT# 735271

**Entity Name:** THE WILSHIRE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1250 NE MIAMI GARDENS DR.  
MIAMI, FL 33179-1704

**Current Mailing Address:**

1250 NE MIAMI GARDENS DR.  
MIAMI, FL 33179-1704 US

**FEI Number: 59-1673299**

**Certificate of Status Desired: No**

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

KELLY, ROBERT P  
2514 HOLLYWOOD BLVD #307  
HOLLYWOOD, FL 33020 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 VP  
Name VEGA, CECILIA  
Address 1250 NE MIAMI GARDENS DR  
City-State-Zip: MIAMI FL 33179

Title TREASURER  
Name PIMENTEL, MANUEL  
Address 1250 NE MIAMI GARDENS DR.  
City-State-Zip: MIAMI FL 33179-1704

Title SECRETARY  
Name CARDENAS, AMANDA  
Address 1250 NE MIAMI GARDENS DR.  
City-State-Zip: MIAMI FL 33179-1704

Title DIRECTOR  
Name POSSO, FERNANDO  
Address 1250 NE MIAMI GARDENS DR.  
City-State-Zip: MIAMI FL 33179

Title DIRECTOR  
Name RODRIGUES, CARLOS A  
Address 1250 NE MIAMI GARDENS DR.  
City-State-Zip: MIAMI FL 33179

Title PRESIDENT  
Name ZUCKERMAN, DAVID  
Address 1250 NE MIAMI GARDENS DR.  
City-State-Zip: MIAMI FL 33179-1704

Title DIRECTOR  
Name VIDAL, ROSA  
Address 1250 NE MIAMI GARDENS DR.  
City-State-Zip: MIAMI FL 33179-1704

*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: MANUEL PIMENTEL**

**TREASURER**

**01/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date