

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735709

**Entity Name:** VERSAILLES GARDENS II CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**9430 W FLAGLER ST  
MIAMI, FL 33174**Current Mailing Address:**9430 W FLAGLER ST  
MIAMI, FL 33174 US**FEI Number:** 59-1690098**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POU, MISCHA  
9430 W. FLAGLER STREET  
MIAMI, FL 33174 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:** MISCHA POU

04/14/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HIDALGO BORROTO , JORGE E.  
Address        9420 W FLAGLER ST  
                  APT 213  
City-State-Zip: MIAMI FL 33174

Title            SECRETARY  
Name            POU, MISCHA  
Address        9400 W FLAGLER ST  
                  APT 406  
City-State-Zip: MIAMI FL 33174

Title            TREASURER  
Name            VARONA, JOSÉ A.  
Address        9420 W FLAGLER ST  
                  APT 412  
City-State-Zip: MIAMI FL 33174

Title            DIRECTOR  
Name            MESA GARCIA , YADIRIS  
Address        9420 W FLAGLER ST  
                  APT 112  
City-State-Zip: MIAMI FL 33174

Title            VP  
Name            BALLESTER, CARLOS  
Address        9420 W FLAGLER ST  
                  APT 103  
City-State-Zip: MIAMI FL 33174

Title            DIRECTOR  
Name            DIAZ, MAYRA  
Address        9400 W FLAGLER ST #107  
City-State-Zip: MIAMI FL 33174

Title            DIRECTOR  
Name            RUMBAUT, ERNESTO  
Address        9420 W FLAGLER ST  
                  APT 203  
City-State-Zip: MIAMI FL 33174

*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:** MISCHA POU**SECRETARY**

04/14/2023

Electronic Signature of Signing Officer/Director Detail

Date