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: MARIA LOPEZ

Electronic Signature of Signing Officer/Director Detail

VICE PRESIDENT

04/06/2023

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 737041

### Entity Name: THE 514 SANTANDER CONDOMINIUM ASSOCIATION, INC.

#### **Current Principal Place of Business:**

**514 SANTANDER AVENUE** CORAL GABLES, FL 33134

### **Current Mailing Address:**

C/O TMS PO BOX 822431 PEMBROKE PINES, FL 33082 US

## FEI Number: 87-0778758

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

MIRABAL, JORGE C/O TMS PO BOX 822431 PEMBROKE PINES, FL 33082 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:

## Of

Title	PRESIDENT, TREASURER	Title	VP
Name	FRIGNANI, YARA	Name	LOPEZ, MARIA
Address	C/O TMS PO BOX 822431	Address	C/O TMS
City-State-Zip:	PEMBROKE PINES FL 33082		PO BOX 822431
		City-State-Zip:	PEMBROKE PINES FL 33082

	Electronic Signature of Registered Agent			
fficer/Di	rector Detail :			
tle	PRESIDENT, TREASURER	Title	VP	
ame	FRIGNANI, YARA	Name	LOPEZ, MARIA	
ddress	C/O TMS PO BOX 822431	Address	C/O TMS PO BOX 822431	

# Certificate of Status Desired: No

Date

FILED Apr 06, 2023 Secretary of State 0765161133CC

Date