

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737127

**Entity Name:** EAST WIND LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8300 WEST FLAGLER STREET  
#121-129  
MIAMI, FL 33144

**Current Mailing Address:**

8300 WEST FLAGLER STREET  
#121-129  
MIAMI, FL 33144

**FEI Number:** 59-1721248

**Certificate of Status Desired:** No

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

ASSOCIATION LAW GROUP, P.L.  
1666 KENNEDY CAUSEWAY  
THIRD FLOOR  
NORTH BAY VILLAGE, FL 33141 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            PRESIDENT  
Name            VAZQUEZ, AIDA T  
Address        8300 WEST FLAGLER STREET #121-129  
City-State-Zip: MIAMI FL 33144

Title            VPD  
Name            DE VINELLI, GLADYS  
Address        8300 WEST FLAGLER STREET #121-129  
City-State-Zip: MIAMI FL 33144

Title            TREASURER  
Name            MIRO, SILVIA  
Address        8300 WEST FLAGLER STREET #121-129  
City-State-Zip: MIAMI FL 33144

Title            SECRETARY  
Name            GRAVES, JAMES  
Address        8300 WEST FLAGLER STREET #121-129  
City-State-Zip: MIAMI FL 33144

Title            DIRECTOR  
Name            GARCIA, MANUEL I.  
Address        8300 WEST FLAGLER STREET #121-129  
City-State-Zip: MIAMI FL 33144

*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:** AIDA VAZQUEZ

**PRESIDENT**

**03/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date