

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742670

Entity Name: AMERICANA VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**19800 SW 180TH AVE
LOT 602
MIAMI, FL 33187-2646**Current Mailing Address:**19800 SW 180TH AVE
LOT 602
MIAMI, FL 33187-2646 US**FEI Number:** 59-2069462**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
ATTN: DAVID H ROGEL, ESQ
121 ALHAMBRA PLAZA 10 FLOOR
CORAL GABLES, FL 33134 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 GONZALEZ, JOEL
Address 19800 SW 180TH AVE
 LOT 602
City-State-Zip: MIAMI FL 33187-2646

Title DIRECTOR
Name SMITH, JOHN
Address 19800 SW 180 AVE
 LOT 090
City-State-Zip: MIAMI FL 33187

Title VP
Name ALMUKHTAR, SAID
Address 19800 SW 180TH AVE
 LOT 602
City-State-Zip: MIAMI FL 33187-2646

Title TREASURER
Name DEBORAH, RODRIGUEZ
Address 19800 SW 180TH AVE
 LOT 493
City-State-Zip: MIAMI FL 33187-2646

Title SECRETARY
Name DAVIS, CECELIA
Address 19800 SW 180TH AVENUE #100
City-State-Zip: MIAMI FL 33187

Title DIRECTOR
Name HAAS, WANDA
Address 19800 SW 180 AVE
 1
City-State-Zip: MIAMI FL 33187

Title DIRECTOR
Name VALENTIN, BARBARA
Address 19800 SW 180 AVE
 530
City-State-Zip: MIAMI FL 33187

Title DIRECTOR
Name RODRIGUEZ, FRANK
Address 19800 SW 180 AVE 602
City-State-Zip: MIAMI FL 33187

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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: JOEL GONZALEZ

PRESIDENT

01/14/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GIL, OLGA MARIA
Address	19800 SW 180 AVE 602
City-State-Zip:	MIAMI FL 33187