

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742670

**Entity Name:** AMERICANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 03, 2024**  
**Secretary of State**  
**7450036993CC**

**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, PA  
2525 PONCE DE LEON BLVD  
SUITE 825  
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            ALMUKHTAR, SAID  
Address        19800 SW 180TH AVE  
                  LOT 602  
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            SMITH, JOHN  
Address        19800 SW 180 AVE  
                  LOT 090  
City-State-Zip: MIAMI FL 33187

Title            VP  
Name            REYES, LISANDRA  
Address        19800 SW 180TH AVE  
                  LOT 035  
City-State-Zip: MIAMI FL 33187-2646

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

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

Title            TREASURER  
Name            BARRIOS, VIVIAN  
Address        19800 SW 180TH AVENUE #345  
City-State-Zip: MIAMI FL 33187

Title            DIRECTOR  
Name            FIGUEREDO GONZALEZ, BARBARA  
Address        19800 SW 180 AVENUE LOT 579  
City-State-Zip: MIAMI FL 33187

**Continues on page 2**

*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:** SAID ALMUKHTAR

**PRESIDENT**

**01/03/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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