

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745160

**Entity Name:** PLAZA OF THE AMERICAS PART I CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 11, 2021**  
**Secretary of State**  
**0886005348CC**

**Current Principal Place of Business:**

16909 NORTH BAY ROAD  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17001 NORTH BAY ROAD  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number: 59-2071184**

**Certificate of Status Desired: No**

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

EISINGER, DENNIS  
4000 HOLLYWOOD BOULEVARD  
SUITE 265-S  
HOLLYWOOD, FL 33021 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 DP  
Name GARCIA, ALBA  
Address 17001 N. BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DS  
Name VISCARRA, JENNIFER  
Address 17001 N. BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DT  
Name CHAVEZ, JOSEPH  
Address 17001 NORTH BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DVP  
Name GANDEHARIOUN, VAHID  
Address 17001 NORTH BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name ALVAREZ, NORMAN  
Address 17001 NORTH BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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: ALBA GARCIA**

**PRESIDENT**

**03/11/2021**

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

\_\_\_\_\_  
Date