

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

DOCUMENT# 746870

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

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC0751598524**

**Current Principal Place of Business:**

17021 NORTH BAY ROAD  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17001 NORTH BAY ROAD  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number: 59-2070782**

**Certificate of Status Desired: No**

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

EISINGER,BROWN,LEWIS & FRANKEL, P.A.  
C/O DENNIS J. EISINGER, ESQ.  
4000 HOLLYWOOD BLVD, SUITE 265-2  
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            PRESIDENT  
Name            PAPPATERRA, NILA  
Address        17001 N. BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            VP  
Name            PIRIZ, LUIS  
Address        17001 N. BAY ROAD  
                  SUITE 4  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            SEC/TREASURER  
Name            ARIOLA, MARTHA  
Address        17001 N. BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DIRECTOR  
Name            ARRIOLA, ANA MARIA  
Address        17001 N. BAY ROAD  
                  SUITE 4  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DIRECTOR  
Name            ORTIZ-FALY, NECTOR M  
Address        17001 N BAY ROAD  
                  SUITE 4  
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: PAPPATERRA , NILA**

**PRESIDENT**

**04/15/2015**

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

\_\_\_\_\_  
Date