

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749894

**Entity Name:** APARTMENTS ENCHANTE ASSOCIATION, INC.**Current Principal Place of Business:**1960 MARSEILLE DRIVE  
MIAMI BEACH, FL 33141**Current Mailing Address:**1960 MARSEILLE DRIVE  
MIAMI BEACH, FL 33141 US**FEI Number:** 59-2041307**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARONIER, YVAN  
1650 NE 115 ST  
104  
MIAMI, FL 33181 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:** YVAN MARONIER

05/05/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | VP                             |
| Name            | VILLEGAS ROSALES, EVELYN       |
| Address         | 1960 MARSEILLES DR<br>UNIT 302 |
| City-State-Zip: | MIAMI BEACH FL 33141           |

|                 |                         |
|-----------------|-------------------------|
| Title           | TREASURER               |
| Name            | LOPEZ, DANIEL           |
| Address         | 7850 BYRON AVE UNIT 202 |
| City-State-Zip: | MIAMI BEACH FL 33141    |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | PRESIDENT, SECRETARY              |
| Name            | GONZALEZ, NORMA                   |
| Address         | 1960 MARSEILLES DRIVE<br>UNIT 401 |
| City-State-Zip: | MIAMI BEACH FL 33141              |

  

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | IZAURRALDE, OCTAVIO RAFAEL  |
| Address         | 1960 MARSEILLE DRIVE<br>202 |
| City-State-Zip: | MIAMI BEACH FL 33141        |

*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:** NORMA GONZALEZ

PRESIDENT

05/05/2020

Electronic Signature of Signing Officer/Director Detail

Date