

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752202

Entity Name: TRES VIDAS CONDOMINIUM ONE, INC.**Current Principal Place of Business:**6850 NW 2ND AVE
BOX 37
BOCA RATON, FL 33487**Current Mailing Address:**6850 NW 2ND AVE
BOX 37
BOCA RATON, FL 33487**FEI Number:** 59-2122676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALLING, MIRIAM B
355 NE 5TH AVE SUITE 6
DELRAY BEACH, FL 33483 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 GOLTZER, LINDA
Address 6850 N.W. 2ND AVE #7
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name CASEY, PATRICIA
Address 6850 N.W. 2ND AVE #26
City-State-Zip: BOCA RATON FL 33487

Title VP
Name GORDON, LEE I
Address 6850 NW 2ND AVE #12
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY
Name COSENTINO PERNA, GUISEPPA
Address 6850 NW 2ND AVE #31
City-State-Zip: BOCA RATON FL 33487

Title TREASURER
Name WALLING, MIRIAM B
Address 6850 NW 2ND AVE #9
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name BOJTOS, LASZLO
Address 6850 NW 2ND AVE #5
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name PODINA, DORIS
Address 6850 NW 2ND AVE #21
City-State-Zip: BOCA RATON FL 33487

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: MIRIAM B WALLING CPA**TREASURER****03/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date