

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752715

Entity Name: THE GREENS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2510 N.W. 97 AVENUE, STE 200
DORAL, FL 33172**Current Mailing Address:**2510 N.W. 97 AVENUE, STE 200
DORAL, FL 33172 US**FEI Number:** 59-2046935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIQUE, SYLVIA
EXCEL MGMT
2510 NW 97 AVE 200
MIAMI, FL 33172 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	P
Name	FONSECA, EBERARDO
Address	2510 NW 97 AVENUE, SUITE 200
City-State-Zip:	DORAL FL 33172

Title	VP
Name	BUSTILLO, ALBERTO
Address	2510 NW 97 AVENUE, SUITE 200
City-State-Zip:	DORAL FL 33172

Title	T
Name	POLANCO, GRICEIDA
Address	2510 NW 97 AVENUE, SUITE 200
City-State-Zip:	DORAL FL 33172

Title	S
Name	GONZALEZ, VICTOR
Address	2510 NW 97 AVENUE, SUITE 200
City-State-Zip:	DORAL FL 33172

Title	D
Name	MARTINEZ, JOSE
Address	2510 NW 97 AVENUE, SUITE 200
City-State-Zip:	DORAL FL 33172

Title	D
Name	RAMOS, LAZARO
Address	2510 NW 97 AVENUE, SUITE 200
City-State-Zip:	DORAL FL 33172

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: FONSECA , EBERARDO

P

03/08/2013

Electronic Signature of Signing Officer/Director Detail_____
Date