

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

DOCUMENT# 767722

**Entity Name:** FONTAINEBLEAU EXECUTIVE PLAZA CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC6598388263****Current Principal Place of Business:**8370 W. FLAGLER ST  
220  
MIAMI, FL 33144**Current Mailing Address:**10251 SW 72 STREET  
A-104  
MIAMI, FL 33173 US**FEI Number: 59-2296936****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REYES, ORLANDO E  
8370 W. FLAGLER ST  
SUITE 220  
MIAMI, FL 33144 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: ORLANDO E REYES****01/11/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR, PRESIDENT  
**Name** MESA, JORGE  
**Address** 8370 W. FLAGLER ST, SUITE 206  
**City-State-Zip:** MIAMI FL 33144**Title** DIRECTOR, TREASURER  
**Name** PALACIO, HECTOR  
**Address** 8370 W. FLAGLER ST, SUITE 246  
**City-State-Zip:** MIAMI FL 33144**Title** SECRETARY, DIRECTOR  
**Name** MENDIGUTIA, FELIX  
**Address** 8370 W FLAGLER ST, SUITE 238  
**City-State-Zip:** MIAMI FL 33144**Title** VP, DIRECTOR  
**Name** REYES, ORLAND E  
**Address** 8370 W. FLAGLER STREET  
SUITE 220  
**City-State-Zip:** MIAMI FL 33144**Title** DIRECTOR  
**Name** TRINIDAD, SILVIA  
**Address** 8370 WEST FLAGLER STREET  
SUITE 200  
**City-State-Zip:** MIAMI FL 33144

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: ORLANDO E REYES****VICE PRESIDENT****01/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date