

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001775

**FILED  
Apr 08, 2014  
Secretary of State  
CC4663864996**

**Entity Name:** APF AT LLB PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

200 S BISCAYNE BLVD  
6TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

200 S BISCAYNE BLVD  
6TH FLOOR  
MIAMI, FL 33131 US

**FEI Number:** 59-3715437

**Certificate of Status Desired:** No

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

JOSEPH, A SANZ  
200 S BISCAYNE BLVD  
6TH FLOOR  
MIAMI, FL 33131 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 D  
Name JOSEPH, A. SANZ  
Address 200 S BISCAYNE BLVD  
6TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title D  
Name NORMAN, BUHRMASTER  
Address 200 S BISCAYNE BLVD  
6TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title D  
Name KEVIN, SANZ  
Address 200 S BISCAYNE BLVD  
6TH FLOOR  
City-State-Zip: MIAMI FL 33131

*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:** JOSEPH, A. SANZ

**DIRECTOR**

**04/08/2014**

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

\_\_\_\_\_  
Date