

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01162

**Entity Name:** LA MIRAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5445-5511 W 22 CT  
HIALEAH, FL 33016

**Current Mailing Address:**

C/O CAM MANAGEMENT SERV.  
P.O. BOX 5103  
HIALEAH, FL 33014-1103 US

**FEI Number:** 59-2414956

**Certificate of Status Desired:** No

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

GONZALEZ, ANITA  
CAM MANAGEMENT SERVICES  
6065 NW 167TH ST UNIT B-19  
MIAMI LAKES, FL 33015 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 TD  
Name YZQUIERDO, BELKYS  
Address C/O CAM MANAGEMENT SERV.  
P.O. BOX 5103  
City-State-Zip: HIALEAH FL 33014-1103

Title PD  
Name HURTADO, FELIPE  
Address C/O CAM MANAGEMENT SERV.  
P.O. BOX 5103  
City-State-Zip: HIALEAH FL 33014-1103

Title SD  
Name VERA, MARLENIS  
Address C/O CAM MANAGEMENT SERV.  
P.O. BOX 5103  
City-State-Zip: HIALEAH FL 33014-1103

*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:** FELIPE HURTADO

**PRESIDENT**

**01/06/2023**

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

\_\_\_\_\_  
Date