

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000235

**FILED**  
**Feb 02, 2017**  
**Secretary of State**  
**CC2761214982**

**Entity Name:** THE MINORCA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2030 S.DOUGLAS ROAD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2030 S.DOUGLAS ROAD  
CORAL GABLES, FL 33134

**FEI Number:** 20-2265595

**Certificate of Status Desired:** No

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

CHIALASTRI, CARLOS  
2460 SW 22ND ST.  
1ST FLOOR  
MIAMI, FL 33145 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:** CARLOS CHIALASTRI

02/02/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           PEREZ, LUIS  
Address        2030 S. DOUGLAS ROAD #119  
City-State-Zip: CORAL GABLES FL 33134

Title           TREASURER  
Name           IBARRA, ROBERTO  
Address        2030 S. DOUGLAS ROAD #411  
City-State-Zip: CORAL GABLES FL 33134

Title           SECRETARY  
Name           BAEZ, RITA  
Address        2030 S. DOUGLAS RD. #105  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           FUSTE, PEDRO  
Address        2030 S. DOUGLAS RD. #616  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           SHASHA, NATALIE  
Address        2030 S. DOUGLAS RD. #408  
City-State-Zip: CORAL GABLES FL 33134

*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:** ROBERTO IBARRA

TRESURER

02/02/2017

Electronic Signature of Signing Officer/Director Detail

Date