

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N02000000235

**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:**

SHELTON, SUSANA CAM  
2030 S. DOUGLAS RD.  
CORAL GABLES, FL 33134 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:** SUSANA SHELTON

09/30/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FUSTE, PEDRO JUAN  
Address        2030 S. DOUGLAS ROAD #616  
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           GERALDINE , PEREZ  
Address        3281 SW 18 STREET  
City-State-Zip: MIAMI FL 33145

Title           DIRECTOR  
Name           CHISTE, ROBERT JOHN  
Address        2030 S. DOUGLAS RD.  
                  APT. #725  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           NATALIE , SHASHA  
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:** PEDRO JUAN FUSTE

TREASURER

09/30/2022

Electronic Signature of Signing Officer/Director Detail

Date