

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009530

**Entity Name:** ST. VINCENT DE PAUL GARDENS, INC.

**Current Principal Place of Business:**

11410 N. KENDALL DR  
306  
MIAMI, FL 33176

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC6500946282**

**Current Mailing Address:**

11410 N. KENDALL DR  
306  
MIAMI, FL 33176 US

**FEI Number: 56-2315361**

**Certificate of Status Desired: No**

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

FITZGERALD, J. PATRICK ESQUIRE  
J. PATRICK FITZGERALD & ASSOCIATES, P.A.  
110 MERRICK WAY STE 3-B  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name TOMAS M. MARIN  
Address 1400 MILLER ROAD  
City-State-Zip: CORAL GABLES FL 33146

Title TREASURER/SECRETARY  
Name SOUCKAR, MICHAEL REV  
Address 9950 NW 29 STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title VP  
Name SOMARRIBA, MARCOS REV.  
Address 1111 SW 107 AVE  
City-State-Zip: MIAMI FL 33174

*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: TOMAS M. MARIN**

**PD**

**04/24/2018**

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

\_\_\_\_\_  
Date