

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005037

**Entity Name:** MELREESE POINTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

814 NORTHWEST 36TH AVENUE  
MIAMI, FL 33125

**Current Mailing Address:**

900 W 49 STREET  
SUITE 220  
HIALEAH, FL 33012

**FEI Number:** 54-2114535

**Certificate of Status Desired:** No

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

DELATORRE, CLEMENTE J  
900 W 49 ST  
STE 220  
HIALEAH, FL 33012 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 CASTELL, MARIA  
Address 900 W 49 ST STE 220  
City-State-Zip: HIALEAH FL 33012

Title VP  
Name TORRES, MARIA E  
Address 900 W 49 ST STE 220  
City-State-Zip: HIALEAH FL 33012

Title T  
Name LEON, MERCEDES  
Address 900 W 49 STREET  
SUITE 220  
City-State-Zip: HIALEAH FL 33012

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:** MARIA CASTELL

P

02/19/2019

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

\_\_\_\_\_  
Date