

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005369

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC1158045283**

**Entity Name:** SOUTH POINTE COVE CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

3400 CORAL WAY  
STE 601  
CORAL GABLES, FL 33145

**Current Mailing Address:**

3400 CORAL WAY  
STE 601  
CORAL GABLES, FL 33145

**FEI Number: 75-3171464**

**Certificate of Status Desired: No**

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

JAVIER GUADAYOL, P.A  
13412 SW 128 ST  
MIAMI, FL 33186 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 ARENAS, MICHAEL  
Address 3400 CORAL WAY STE 601  
City-State-Zip: CORAL GABLES FL 33145

Title VP  
Name MUNOZ, MIGDALIA  
Address 3400 CORAL WAY STE 601  
City-State-Zip: CORAL GABLES FL 33145

Title SC  
Name PEREZ, ABISAEL  
Address 3400 CORAL WAY STE 601  
City-State-Zip: CORAL GABLES FL 33145

Title TREA  
Name VICTORIANO DELEON, GUILDALINA  
Address 3400 CORAL WAY STE 601  
City-State-Zip: CORAL GABLES FL 33145

Title DR  
Name MARTINEZ, ROSA  
Address 3400 CORAL WAY STE 601  
City-State-Zip: CORAL GABLES FL 33145

*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: ARENAS , MICHAEL**

**PD**

**04/30/2014**

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

\_\_\_\_\_  
Date