

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

DOCUMENT# N04000010434

**Entity Name:** 814 PONCE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

814 PONCE DE LEON BLVD  
SUITE 310  
CORAL GABLE, FL 33134

**Current Mailing Address:**

814 PONCE DE LEON BLVD  
SUITE 310  
CORAL GABLE, FL 33134 US

**FEI Number:** 68-0607746

**Certificate of Status Desired:** No

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

AGUILAR, RICHARD  
814 PONCE DE LEON BLVD., SUITE 310  
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 AGUILAR, RICHARD  
Address 814 PONCE DE LEON BLVD., SUITE 310  
City-State-Zip: CORAL GABLES FL 33134

Title VD  
Name YANEZ, JOSE A  
Address 814 PONCE DE LEON BLVD, # 418  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name SELEM, JOSEPH  
Address 814 PONCE DE LEON BLVD.  
SUITE 510  
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:** RICHARD AGUILAR

**PRESIDENT**

**04/09/2019**

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

\_\_\_\_\_  
Date