

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

DOCUMENT# N05000003025

**Entity Name:** PARC CENTRAL AVENTURA MASTER ASSOCIATION, INC.

**FILED**  
**Jan 21, 2019**  
**Secretary of State**  
**0254007891CC**

**Current Principal Place of Business:**

3300 NE 191 ST  
AVENTURA, FL 33180

**Current Mailing Address:**

3300 NE 191 ST  
MANAGEMENT OFFICE  
AVENTURA, FL 33180

**FEI Number: 26-0110119**

**Certificate of Status Desired: No**

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

ASSOCIATION LAW GROUP  
1200 BRICKELL AVENUE  
PH 2000  
MIAMI, FL 33131 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: BEN SOLOMON**

**01/21/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PDS  
Name ARENA, SAL  
Address 3300 NE 192 ST  
MANAGEMENT OFFICE  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name CHETRIT, JUDA  
Address 404 FIFTH AVENUE, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name PEARL, ARI  
Address 3200 STIRLING ROAD  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR  
Name EVANS, DEREK  
Address 3200 STIRLING ROAD  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR  
Name PEARL, MIRIAM  
Address 3300 NE 191 ST  
MANAGEMENT OFFICE  
City-State-Zip: AVENTURA FL 33180

Title TREASURER  
Name SINGLETARY, JAMES  
Address 3300 NE 192 ST  
MANAGEMENT OFFICE  
City-State-Zip: AVENTURA FL 33180

Title SECRETARY  
Name VILLEGAS, PEDRO  
Address 3300 NE 192 ST  
MANAGEMENT OFFICE  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name GLAZIER, LINDA  
Address 3300 NE 191 ST  
MASTER MGT OFFICE  
City-State-Zip: AVENTURA FL 33180

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*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: JAMES SINGLETARY**

**TREASURER**

**01/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ROSENFELD, DANIEL  
Address        3300 NE 192 ST  
                  MANAGEMENT OFFICE  
City-State-Zip: AVENTURA FL 33180