

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

DOCUMENT# N05000003668

**FILED**  
**Jan 25, 2018**  
**Secretary of State**  
**CC7500295159**

**Entity Name:** PROMENADE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
CELEBRATION, FL 34747

**Current Mailing Address:**

ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
CELEBRATION, FL 34747 US

**FEI Number:** 20-2656581

**Certificate of Status Desired:** No

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

WONSETLER, KAREN P.A.  
860 N. ORANGE AVENUE  
SUITE 135  
ORLANDO, FL 32801 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 HUJO, DON  
Address C/O: ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name ESNER, IRV  
Address C/O: ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

Title TREASURER  
Name DEGEL, NICOLAS  
Address C/O: ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

Title SECRETARY  
Name TAWILL, FARID  
Address C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR  
Name NASERRIDDINE, SAMI  
Address C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

*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:** DON HUJO

**PRESIDENT**

**01/25/2018**

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

\_\_\_\_\_  
Date