## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003668

Entity Name: PROMENADE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 25, 2019
Secretary of State
1846693958CC

## **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:

Electronic Signature of 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:

Officer/Director Detail:

TitlePDTitleDIRECTORNameHUJO, DONNameESNER, IRV

Address C/O: ACCESS MANAGEMENT Address C/O: ACCESS MANAGEMENT

215 CELEBRATION PLACE SUITE 115 215 CELEBRATION PLACE SUITE 115

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

TitleTREASURERTitleSECRETARYNameANRRICH, RAFAELNameTAWILL, FARID

Address C/O: ACCESS MANAGEMENT Address C/O ACCESS MANAGEMENT

215 CELEBRATION PLACE SUITE 115 215 CELEBRATION PLACE SUITE 115

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

Title VP

Name NASERRIDDINE , SAMI

Address C/O ACCESS MANAGEMENT

215 CELEBRATION PLACE SUITE 115

City-State-Zip: CELEBRATION FL 34747

SIGNATURE: DON HUJO PRESIDENT 03/25/2019

Date

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.