

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009548

**Entity Name:** CITY CENTER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**140 NE FIRST AVENUE  
MIAMI, FL 33132**Current Mailing Address:**2613 SEURAT TERRACE  
HENDERSON, NV 89044 US**FEI Number:** 26-1563401**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRAHAM LEGAL, PA  
814 PONCE DE LEON BLVD.  
SUITE 410  
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           | TREASURER           |
| Name            | TOLEDO, ELVIS       |
| Address         | 140 NE FIRST AVENUE |
| City-State-Zip: | MIAMI FL 33132      |

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT           |
| Name            | WANG, MARGRET       |
| Address         | 140 NE FIRST AVENUE |
| City-State-Zip: | MIAMI FL 33132      |

|                 |                |
|-----------------|----------------|
| Title           | VP             |
| Name            | MONTES, CESAR  |
| Address         | 140 NE 1ST AVE |
| City-State-Zip: | MIAMI FL 33132 |

|                 |                     |
|-----------------|---------------------|
| Title           | MANAGER             |
| Name            | HICKS, RAY          |
| Address         | 140 NE FIRST AVENUE |
| City-State-Zip: | MIAMI FL 33132      |

*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:** SHEARL RAY HICKS

MANAGER

02/10/2022

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