

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007340

**Entity Name:** CORAL TRACE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 03, 2021**  
**Secretary of State**  
**0787339307CC****Current Principal Place of Business:**48 EAST FLAGLER STREET  
PH 101  
MIAMI, FL 33131**Current Mailing Address:**48 EAST FLAGLER STREET  
PH 101  
MIAMI, FL 33131**FEI Number: 20-5188011****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LERMAN AND LERMAN PA  
48 E FLAGLER ST (PH101)  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SD, TREASURER
Name	ANDERSON, DONOVAN
Address	2605 WEST ATLANTIC AVE SUITE B101
City-State-Zip:	DELRAY BEACH FL 33444

Title	VP, DIRECTOR
Name	ACEVEDO, JEAN
Address	2605 WEST ATLANTIC AVE SUITE D102
City-State-Zip:	DELRAY BEACH FL 33444

Title	ASD
Name	LERMAN, JORGE
Address	48 E FLAGLER ST (PH101)
City-State-Zip:	MIAMI FL 33131

Title	PRESIDENT, DIRECTOR
Name	DELSING, BART
Address	2605 WEST ATLANTIC AVE SUITE A202
City-State-Zip:	DELRAY BEACH FL 33445

Title	ASS SECRETARY, DIRECTOR
Name	LERMAN, BENJAMIN
Address	48 EAST FLAGLER STREET PH 101
City-State-Zip:	MIAMI FL 33131

*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: JORGE LERMAN****AS SEC****02/03/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date