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: TOMAS POSSENTI

City-State-Zip: CORAL GABLES FL 33134

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# N0600008261

Entity Name: THE TWELVE CONDOMINIUM ASSOCIATION, INC.

# Current Principal Place of Business:

2625 PONCE DE LEON BLVD SUITE 245 CORAL GABLES, FL 33134

### **Current Mailing Address:**

REP MANAGEMENT SERVICES LLC PO BOX 227506 DORAL, FL 33222 US

### FEI Number: 20-8292919

### Name and Address of Current Registered Agent:

REP MANAGEMENT SERVICES LLC REP MANAGEMENT SERVICES LLC PO BOX 227506 DORAL, FL 33222 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	ANDRES CRUZ			05/01/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	POSSENTI, TOMAS	Name	PARDO, KARINA	
Address	2625 PONCE DE LEON BLVD SUITE 245	Address	2625 PONCE DE LEON BLVD SUITE 245	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title	TREASURER			
Name	BERNARD , ERICA			
Address	2625 PONCE DE LEON BLVD SUITE 245			

DECIDENT

05/01/2021 Date

# FILED May 01, 2021 Secretary of State 7270180328CC

Certificate of Status Desired: No

PRESIDENT