

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012641

**Entity Name:** SAN LORENZO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

655 WEST FLAGLER ST.  
207  
MIAMI, FL 33130

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**7976147885CC**

**Current Mailing Address:**

655 WEST FLAGLER ST.  
207  
MIAMI, FL 33130

**FEI Number: 20-5811136**

**Certificate of Status Desired: No**

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

EUROPEAN AMERICAN PROPERTY SERVICES,LLC  
655 WEST FLAGLER ST.  
SUITE 207  
MIAMI, FL 33130 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           DPS  
Name            CUELLAR, JUAN M.  
Address         219 NW 12 AVENUE, UNIT C-1  
City-State-Zip: MIAMI FL 33128

Title           DT  
Name            GOMEZ, BENNY  
Address         19303 SW 60TH CT  
City-State-Zip: PEMBROKE PINES FL 33332

Title           DVP  
Name            VILLAMIZAR, ALEJANDRO  
Address         1701 PONCE DE LEON  
                  SUITE 100  
City-State-Zip: MIAMI FL 33134

*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: JUAN M. CUELLAR**

**DPS**

**04/30/2019**

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

\_\_\_\_\_  
Date