

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012728

FILED
Apr 30, 2018
Secretary of State
CC7773208374

Entity Name: THE PONCE DE LEON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1607 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

C/O KW PROPERTY MANAGEMENT & CONSULTING
8200 NW 33RD STREET SUITE 300
DORAL, FL 33122 US

FEI Number: 26-3207453

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HORVAT, KERI LYNDA ESQ.
EGOAVIL & HORVAT, PLLC
2525 PONCE DE LEON BLVD. SUITE 300
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: KERI LYNDA HORVAT

04/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ALMAGUER, RUBEN D
Address C/O KW PROPERTY MANAGEMENT & CONSULTING
8200 NW 33RD STREET SUITE 300
City-State-Zip: DORAL FL 33122

Title TREASURER
Name DEROCHER, LARRY
Address C/O KW PROPERTY MANAGEMENT & CONSULTING
8200 NW 33RD STREET SUITE 300
City-State-Zip: DORAL FL 33122

Title PRESIDENT
Name GAMITO, ULISES
Address C/O KW PROPERTY MANAGEMENT
8200 NW 33 STREET 300
City-State-Zip: MIAMI FL 33122

Title SECRETARY
Name FONTS, ENRIQUE
Address C/O KW PROPERTY MANAGEMENT
8200 NW 33 STREET 300
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name GRAY, ANDREA
Address C/O KW PROPERTY MANAGEMENT
8200 NW 33 STREET 300
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name HINKLE, PEGGY
Address C/O KW PROPERTY MANAGEMENT
8200 NW 33 STREET 300
City-State-Zip: MIAMI FL 33122

Title VP
Name CARCAS, MIGUEL
Address C/O KW PROPERTY MANAGEMENT
8200 NW 33 STREET 300
City-State-Zip: MIAMI FL 33122

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: ULISES GAMITO

PRESIDENT

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date