

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012728

FILED
Jan 16, 2014
Secretary of State
CC7472304553

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:

ROBERT A. FEINGOLD, ESQ.
3858-S SHERIDAN STREET
HOLLYWOOD, FL 33021 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 PRES
Name ALMAGUER, RUBEN D
Address C/O KW PROPERTY MANAGEMENT &
 CONSULTING
 8200 NW 33RD STREET SUITE 300
City-State-Zip: DORAL FL 33122

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

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

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

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

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

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

PRESIDENT

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date