## 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000012728

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

FILED
Aug 07, 2023
Secretary of State
8737202406CC

## **Current Principal Place of Business:**

1607 PONCE DE LEON BLVD CORAL GABLES, FL 33134

## **Current Mailing Address:**

C/O ACA PROPERTY MANAGEMENT

P.O. 142076

CORAL GABLES, FL 33114-2076 US

FEI Number: 26-3207453 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ARGIMON, ANA CRISTINA 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: ANA CRISTINA ARGIMON 08/07/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title PRESIDENT

Name DEROCHER, MELINDA Name HINKLE, PEGGY

Address C/O ACA PROPERTY MANAGEMENT Address C/O ACA PROPERTY MANAGEMENT

P.O.BOX 142076 P.O. BOX 142076

City-State-Zip: CORAL GABLES FL 33114-2076 City-State-Zip: CORAL GABLES FL 33114-2076

Title VP Title SECRETARY
Name GAMITO, ULISES Name GRAY, ANDREA

Address C/O ACA PROPERTY MANAGEMENT Address C/O ACA PROPERTY MANAGEMENT

P.O. BOX 142076 P.O. BOX 142076

City-State-Zip: CORAL GABLES FL 33114-2076 City-State-Zip: CORAL GABLES FL 33114-2076

Title OFFICER Title OFFICER

Name DEL JUNCO, KARINA Name FONTS, ENRIQUE

Address C/O TRIZEL COMMERCIAL REAL Address C/O ACA PROPERTY MANAGEMENT

ESTATE SERVICES, LLC.

P.O. BOX 142076
2460 SW 22ND ST. 1ST FLOOR

City-State-Zip: CORAL GABLES FL 33114-2076

City-State-Zip: MIAMI FL 33145

Title OFFICER

Name SURO, JORGE M

Address C/O ACA PROPERTY MANAGEMENT

P.O. BOX 142076

City-State-Zip: CORAL GABLES FL 33114-2076

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: KARINA DEL JUNCO OFFICER 08/07/2023

Electronic Signature of Signing Officer/Director Detail

Date