

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012728

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

FILED
Jan 29, 2024
Secretary of State
3480954347CC

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:

ACA PROPERTY MANAGEMENT
PAIGE LAW GROUP PA
9500 SOUTH DADELAND BLVD SUITE 550
MIAMI, FL 33156 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: PEGGY HINKLE

01/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WELLS-DEROCHER, MELINDA
Address C/O ACA PROPERTY MANAGEMENT
 P.O.BOX 142076
City-State-Zip: CORAL GABLES FL 33114-2076

Title PRESIDENT
Name HINKLE, PEGGY
Address C/O ACA PROPERTY MANAGEMENT
 P.O. BOX 142076
City-State-Zip: CORAL GABLES FL 33114-2076

Title VP
Name GAMITO, ULISES
Address C/O ACA PROPERTY MANAGEMENT
 P.O. BOX 142076
City-State-Zip: CORAL GABLES FL 33114-2076

Title SECRETARY
Name GRAY, ANDREA
Address C/O ACA PROPERTY MANAGEMENT
 P.O. BOX 142076
City-State-Zip: CORAL GABLES FL 33114-2076

Title OFFICER
Name DEL JUNCO, KARINA
Address C/O ACA PROPERTY MANAGEMETN
 P.O. BOX 142076
City-State-Zip: CORAL GABLES FL 33114-2076

Title OFFICER
Name FONTS, ENRIQUE
Address C/O ACA PROPERTY MANAGEMENT
 P.O. BOX 142076
City-State-Zip: CORAL GABLES FL 33114-2076

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: PEGGY HINKLE

PRESIDENT

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date