

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012728

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