

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 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
Name 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 TRIZEL COMMERCIAL REAL
 ESTATE SERVICES, LLC.
 2460 SW 22ND ST. 1ST FLOOR
City-State-Zip: MIAMI FL 33145

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: KARINA DEL JUNCO

OFFICER

08/07/2023

Electronic Signature of Signing Officer/Director Detail

Date