

2013 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:**8200 NW 33RD STREET
300
MIAMI, FL 33122**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	1607 PONCE DE LEON 12E
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	HASTEN, LAURIE
Address	1607 PONCE DE LEON BLVD 6F
City-State-Zip:	CORAL GABLES FL 33134

Title	S
Name	VALDES, TERES
Address	1607 PONCE DE LEON BLVD 14D
City-State-Zip:	CORAL GABLES FL 33134

Title	T
Name	BERNAL, ENRIQUE
Address	1607 PONCE DE LEON BLVD 11B
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	SOLOMON, JEHEZKEL
Address	1607 PONCE DE LEON BLVD PHC
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	LYNN, FRANK
Address	1607 PONCE DE LEON BLVD # PHD
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	KATZ, RICHARD
Address	1607 PONCE DE LEON BLVD 11A
City-State-Zip:	CORAL GABLES FL 33134

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**PRES****02/13/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date