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

P.O.BOX 142076

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 Title PRESIDENT

Name WELLS-DEROCHER, MELINDA Name HINKLE, PEGGY

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

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 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

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