

2021 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 TRIZEL COMMERCIAL REAL ESTATE SERVICES, LLC.
2460 SW 22ND ST. 1ST FLOOR
MIAMI, FL 33145 US**FEI Number:** 26-3207453**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIALASTRI, CARLOS
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:** CARLOS CHIALASTRI

02/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name DEROCHER, LARRY
Address C/O TRIZEL COMMERCIAL REAL
ESTATE SERVICES, LLC.
2460 SW 22ND ST. 1ST FLOOR
City-State-Zip: MIAMI FL 33145

Title VP
Name MOUSSA, ANAYDA
Address C/O TRIZEL COMMERCIAL REAL
ESTATE SERVICES, LLC.
2460 SW 22ND ST. 1ST FLOOR
City-State-Zip: MIAMI FL 33145

Title OFFICER
Name HINKLE, PEGGY
Address C/O TRIZEL COMMERCIAL REAL
ESTATE SERVICES, LLC.
2460 SW 22ND ST. 1ST FLOOR
City-State-Zip: MIAMI FL 33145

Title OFFICER
Name SURO, JORGE M
Address 2460 SW 22ND STREET
1ST FLOOR
City-State-Zip: MIAMI FL 33145

Title PRESIDENT
Name GAMITO, ULISES
Address C/O TRIZEL COMMERCIAL REAL
ESTATE SERVICES, LLC.
2460 SW 22ND ST. 1ST FLOOR
City-State-Zip: MIAMI FL 33130

Title SECRETARY
Name GRAY, ANDREA
Address C/O TRIZEL COMMERCIAL REAL
ESTATE SERVICES, LLC.
2460 SW 22ND ST. 1ST FLOOR
City-State-Zip: MIAMI FL 33145

Title OFFICER
Name CARCAS, MIGUEL
Address C/O TRIZEL COMMERCIAL REAL
ESTATE SERVICES, LLC.
2460 SW 22ND ST. 1ST FLOOR
City-State-Zip: MIAMI FL 33145

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: ULISES GAMITO

PRESIDENT

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date