2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2017
Secretary of State
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Entity Name: 250 ARAGON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CITY OF CORAL GABLES
405 BILTMORE WAY
CORAL GABLES, FL 33134

Current Mailing Address:

C/O CITY OF CORAL GABLES
405 BILTMORE WAY
CORAL GABLES, FL 33134 US

FEI Number: 59-6000293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMOS , MIRIAM
DEPUTY CITY ATTORNEY & CITY PROSECUTOR
405 BILTMORE WAY 3RD FLOOR
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: MIRIAM RAMOS, ESQ. 01/09/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT AND DIRECTOR
Name	CASON, JIM
Address	405 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	VICE-PRESIDENT AND DIRECTOR
Name	QUESADA , FRANK
Address	405 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY AND DIRECTOR
Name	KEON, PATRICIA
Address	405 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY AND DIRECTOR
Name	LAGO , VINCE
Address	405 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	TREASURER AND DIRECTOR
Name	SLESNICK, JEANNETT
Address	405 BILTMORE WAY
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: JIM CASON PRESIDENT 01/09/2017

Electronic Signature of Signing Officer/Director Detail — Date