## 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000013035

Entity Name: 250 ARAGON CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 09, 2015
Secretary of State
CC5473468078

Date

06/09/2015

## **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:

FIGUEROA, YANERIS ASSISTANT CITY ATTORNEY CITY OF CORAL GABLES 405 BILTMORE WAY 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: YANERIS FIGUEROA 06/09/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT AND DIRECTOR Title VICE-PRESIDENT AND DIRECTOR

Name CASON, JIM Name QUESADA , FRANK
Address 405 BILTMORE WAY Address 405 BILTMORE WAY

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY AND DIRECTOR Title SECRETARY AND DIRECTOR

Name KEON, PATRICIA Name LAGO , VINCE

Address 405 BILTMORE WAY Address 405 BILTMORE WAY

City-State-Zip: CORAL GABLES FL 33134 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 AND DIRECTOR