

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013035

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 WAY3RD 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.

02/20/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRESIDENT AND DIRECTOR
Name VALDES-FAULI, RAUL
Address 405 BILTMORE WAY
City-State-Zip: CORAL GABLES FL 33134Title VICE-PRESIDENT AND DIRECTOR
Name KEON, PATRICIA
Address 405 BILTMORE WAY
City-State-Zip: CORAL GABLES FL 33134Title SECRETARY AND DIRECTOR
Name MENA, MICHAEL
Address 405 BILTMORE WAY
City-State-Zip: CORAL GABLES FL 33134Title SECRETARY AND DIRECTOR
Name LAGO , VINCE
Address 405 BILTMORE WAY
City-State-Zip: CORAL GABLES FL 33134Title TREASURER AND DIRECTOR
Name QUESADA, FRANK
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: RAUL VALDES-FAULI

PRESIDENT

02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date