

2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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:

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

03/18/2015

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

PD

03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date