

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002181

**Entity Name:** HERON BAY CORPORATE CENTER I CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC5353621815**

**Current Principal Place of Business:**

48 EAST FLAGLER STREET  
PH 101  
MIAMI, FL 33131

**Current Mailing Address:**

48 EAST FLAGLER STREET  
PH 101  
MIAMI, FL 33131

**FEI Number: 20-8563815**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LERMAN & LERMAN P.A.  
48 E FLAGLER ST  
PH 101  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           D, PRESIDENT  
Name           SAUNDERS, KEN  
Address        5850 CORAL RIDGE DR UNIT 314  
City-State-Zip: CORAL SPRINGS FL 33076

Title           D, VP, TREASURER  
Name           ORTEGA, SANDY  
Address        5850 CORAL RIDGE DRIVE, UNIT 202  
City-State-Zip: CORAL SPRINGS FL 33076

Title           AS, DIRECTOR  
Name           LERMAN, JORGE  
Address        48 E FLAGLER ST (PH 101)  
City-State-Zip: MIAMI FL 33131

Title           DS  
Name           CHEN, YVONNE  
Address        5850 CORAL RIDGE DRIVE, UNIT 102  
City-State-Zip: CORAL SPRINGS FL 33076

*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: JORGE LERMAN**

**AS**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date