

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002342

**Entity Name:** TEN MUSEUM PARK RESIDENTIAL CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 04, 2014**  
**Secretary of State**  
**CC2104057450**

**Current Principal Place of Business:**

1040 BISCAYNE BLVD  
MIAMI, FL 33132

**Current Mailing Address:**

1040 BISCAYNE BLVD  
MIAMI, FL 33132

**FEI Number: 39-2051322**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            POLINSKY, DAVID  
Address        1040 BISCAYNE BLVD  
                  3202  
City-State-Zip: MIAMI FL 33132

Title            VP  
Name            DOUZOGLOU, JUAN  
Address        1040 BISCAYNE BLVD  
                  1001  
City-State-Zip: MIAMI FL 33132

Title            SECRETARY/TREASURER  
Name            XAVIER, MAIKO  
Address        1040 BISCAYNE BLVD  
                  1701  
City-State-Zip: MIAMI FL 33132

*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: DAVID POLINSKY**

**PRESIDENT**

**04/04/2014**

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

\_\_\_\_\_  
Date