

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N11990

**Entity Name:** EL SEVILLANITO TOWNHOMES CONDOMINIUM ASSOCIATION,  
INC.

**FILED**  
**Jul 12, 2021**  
**Secretary of State**  
**5668996877CC**

**Current Principal Place of Business:**

MAGNUM MANAGEMENT GROUP, INC.  
11870 HIALEAH GARDENS BLVD. SUITE 129B #335  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

MAGNUM MANAGEMENT GROUP, INC.  
11870 HIALEAH GARDENS BLVD. SUITE 129B #335  
HIALEAH GARDENS, FL 33018 US

**FEI Number:** 55-5231939

**Certificate of Status Desired:** No

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

MARIA FERNANDEZ-VALLE, ESQ.  
2301 NW 87TH AVENUE  
SUITE 501  
DORAL, FL 33172 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:** MARIA FERNANDEZ-VALLE

07/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            LANCHEROS, LUZ M  
Address        MAGNUM MANAGEMENT GROUP,  
                  INC.  
                  11870 HIALEAH GARDENS BLVD.  
                  SUITE 129B #335  
City-State-Zip: HIALEAH GARDENS FL 33018

Title            PRESIDENT  
Name            HERNANDEZ, BARBARA  
Address        MAGNUM MANAGEMENT GROUP,  
                  INC.  
                  11870 HIALEAH GARDENS BLVD.  
                  SUITE 129B #335  
City-State-Zip: HIALEAH GARDENS FL 33018

Title            SECRETARY  
Name            CRUZ, ARMANDO  
Address        MAGNUM MANAGEMENT GROUP,  
                  INC.  
                  11870 HIALEAH GARDENS BLVD.  
                  SUITE 129B #335  
City-State-Zip: HIALEAH GARDENS FL 33018

*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:** BARBARA HERNANDEZ

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07/12/2021

