## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010728

Entity Name: 817 VIA TRIPOLI CONDOMINIUM ASSOCIATION, INC.

**FILED** Apr 02, 2014 **Secretary of State** CC1082706773

## **Current Principal Place of Business:**

4645 SE 11TH PLACE **UNIT 103** CAPE CORAL, FL 33904

# **Current Mailing Address:**

4645 SE 11TH PLACE **UNIT 103** CAPE CORAL, FL 33904

FEI Number: 45-3113999 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SCHUTT, DARRIN R ESQ. 1322 SE 46TH LANE SUITE 202 CAPE CORAL, FL 33904 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 Title **VPD** 

Name PINEDA, HERNAN Name COTE, ALVARO

4645 SE 11TH PLACE, UNIT 103 Address 4645 SE 11TH PLACE, UNIT 103 Address

City-State-Zip: CAPE CORAL FL 33904 CAPE CORAL FL 33904 City-State-Zip:

Title STD Title **MANAGER** 

Name NAVARRO, CARLOS GIBBS, ALFREDO Name

Address 4645 SE 11TH PL Address 4645 SE 11TH PLACE, UNIT 103 103

CAPE CORAL FL 33904

City-State-Zip: City-State-Zip: CAPE CORAL FL 33904

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.