

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13783

**Entity Name:** PARKSIDE OF FONTAINEBLEAU CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 08, 2022**  
**Secretary of State**  
**3903699568CC**

**Current Principal Place of Business:**

10887 NW 17 STREET SUITE 202  
MIAMI, FL 33172

**Current Mailing Address:**

GOLD PROPERTY MANAGEMENT AND ASSOCIATES  
10887 NW 17 STREET SUITE 202  
MIAMI, FL 33172 US

**FEI Number: 59-1623411**

**Certificate of Status Desired: No**

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

ACUNA, ALBERT E P.A.  
782 NW 42 AVENUE SUITE 350  
MIAMI, FL 33126 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            MONTESINO, ZORAIDA  
Address        GOLD PROPERTY MANAGEMENT  
                  AND ASSOCIATES  
                  10887 NW 17 STREET SUITE 202  
City-State-Zip: MIAMI FL 33172

Title            TREASURER  
Name            MUNIO, HECTOR C  
Address        GOLD PROPERTY MANAGEMENT  
                  AND ASSOCIATES  
                  10887 NW 17 STREET SUITE 202  
City-State-Zip: MIAMI FL 33172

Title            SECRETARY  
Name            RIVERO, RAMIRO C  
Address        GOLD PROPERTY MANAGEMENT  
                  AND ASSOCIATES  
                  10887 NW 17 STREET SUITE 202  
City-State-Zip: MIAMI FL 33172

Title            DIRECTOR  
Name            CASALLAS, GIOVANNA CASALLAS  
Address        10887 NW 17 STREET  
                  SUITE 202  
City-State-Zip: MIAMI FL 33172

*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: ZORAIDA MONTESINO**

**P**

**04/08/2022**

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

\_\_\_\_\_  
Date