

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007111

Entity Name: AVENTURA PARKSQUARE WEST BLOCK SHARED FACILITIES
MAINTENANCE ASSOCIATION, INC.**FILED**
Apr 17, 2019
Secretary of State
9143577890CC**Current Principal Place of Business:**2920 NE 207TH STREET,
AVENTURA, FL 33180**Current Mailing Address:**1200 BRICKELL AVE, PH 2000
MIAMI, FL 33131 US**FEI Number: 82-2115218****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIATION LAW GROUP
1200 BRICKELL AVE, PH 2000
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: JEFF COOPERMAN****04/17/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MONTGOMERY, DARIN M
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title VP
Name OTAOLA, EDUARDO
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title TREASURER, SECRETARY
Name ESPER, NICOLAS
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title DIR
Name YEFFET, CORY
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title DIR
Name STABILE, NELSON
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title DIR
Name BALLESTAS, VICTOR
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title DIR
Name TAVARES DE MELO, PAULO
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

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: DARIN MONTGOMERY**PRESIDENT****04/17/2019**

Electronic Signature of Signing Officer/Director Detail

Date