

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007112

**Entity Name:** AVENTURA PARKSQUARE EAST BLOCK SHARED FACILITIES  
MAINTENANCE ASSOCIATION, INC.**FILED**  
**Apr 09, 2020**  
**Secretary of State**  
**4953269525CC****Current Principal Place of Business:**2980 NE 207 STREET,  
AVENTURA, FL 33180**Current Mailing Address:**1200 BRICKELL AVE, PH2000  
MIAMI, FL 33131 US**FEI Number: 82-2107701****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIATION LAW GROUP  
1200 BRICKELL AVE, PH2000  
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****04/09/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** VALDIVIA, JAMIE  
**Address** 150 SE 2ND AVENUE, SUITE 800  
**City-State-Zip:** MIAMI FL 33131**Title** VP  
**Name** DUBROW , MARK  
**Address** 150 SE 2ND AVENUE, SUITE 800  
**City-State-Zip:** MIAMI FL 33131**Title** TREASURER, SECRETARY  
**Name** RAFFETY , JAMES  
**Address** 150 SE 2ND AVENUE, SUITE 800  
**City-State-Zip:** MIAMI FL 33131**Title** DIRA  
**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: JAMIE VALDIVIA****PRESIDENT****04/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date