

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000002954

**FILED  
Feb 21, 2019  
Secretary of State  
3977459740CC**

**Entity Name:** GIRALDA PLACE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE,  
SUITE 512  
CORAL GABLES, FL 33134

**Current Mailing Address:**

299 ALHAMBRA CIRCLE,  
SUITE 512  
CORAL GABLES, FL 33134 US

**FEI Number: 82-5278181**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE, STE. 1100  
CORAL GABLES, FL 33134 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            DP  
Name            TABET, KIM  
Address        299 ALHAMBRA CIRCLE  
                 SUITE #512  
City-State-Zip: CORAL GABLES FL 33134

Title            DVPS  
Name            BROWN, CHRISTOPHER  
Address        299 ALHAMBRA CIRCLE  
                 SUITE # 512  
City-State-Zip: CORAL GABLES FL 33134

Title            DT  
Name            CHANTRE, HEIDI E  
Address        299 ALHAMBRA CIRCLE  
                 SUITE # 512  
City-State-Zip: CORAL GABLES FL 33134

*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: KIM TABET**

**DP**

**02/21/2019**

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

\_\_\_\_\_  
Date