

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30434

**FILED**  
**Feb 06, 2014**  
**Secretary of State**  
**CC3906708004**

**Entity Name:** PRESIDENTIAL CORNERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

199 SOUTHWEST 12TH AVENUE  
199  
MIAMI, FL 33130

**Current Mailing Address:**

199 SOUTHWEST 12TH AVENUE  
199  
MIAMI, FL 33130

**FEI Number:** 65-0114982

**Certificate of Status Desired:** No

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

MENDOZA, JOSE  
199 SW 12TH AVENUE  
199  
MIAMI, FL 33130 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 D  
Name ANGUEIRA, ALEX  
Address 199 SW 12TH AVE, #301  
City-State-Zip: MIAMI FL 33130

Title TD  
Name CRUZ, MABEL  
Address 199 SW 12 AVE #506  
City-State-Zip: MIAMI FL 33130

Title D  
Name BETHENCOURT, HERBERTO  
Address 199 SW 12 AVE. #COMMERICAL UNIT  
City-State-Zip: MIAMI FL 33130

Title D  
Name CAMACHO, DOLORES  
Address 199 SW 12 AVE., #304  
City-State-Zip: MIAMI FL 33130

Title P  
Name MENDOZA, JOSE  
Address 199 SW12TH AVE STE 199  
City-State-Zip: MIAMI FL 33130

Title D  
Name VIRELLES, IRAIDA  
Address 199 SW 12 AVE, #408  
City-State-Zip: MIAMI FL 33130

*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:** MABEL CRUZ

**TREASURER**

**02/06/2014**

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

\_\_\_\_\_  
Date