## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32839

Entity Name: EL PRADO XI CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 08, 2022 **Secretary of State** 2654269712CC

## **Current Principal Place of Business:**

7600 WEST 29 WAY HIALEAH, FL 33018

## **Current Mailing Address:**

C/O TRUST MANAGEMENT SERVICES GROUP P.O.BOX 160698 HIALEAH FL. FL 33016 US

FEI Number: 65-0156466 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

PEREZ-SIAM, FRANK ESQ. 7001 S.W 87TH CT MIAMI, FL 33173 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: FRANK PEREZ-SIAM, ESQ. 03/08/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **DIRECTOR** 

Name BACELAR, YUSEL Name CASTRO, DALKIS

Address PO BOX 160698 Address C/O TRUST MANAGEMENT SERVICES

**GROUP** City-State-Zip: HIALEAH FL 33016

P.O.BOX 160698 HIALEAH FL FL 33016 City-State-Zip:

Title VΡ

DIEGUEZ, MARIBEL Name Title **DIRECTOR** 

C/O TRUST MANAGEMENT SERVICES Address Name CORREA, MARTHA

**GROUP** Address P.O.BOX 160698

C/O TRUST MANAGEMENT SERVICES **GROUP** City-State-Zip:

HIALEAH FL FL 33016 P.O.BOX 160698

City-State-Zip: HIALEAH FL FL 33016

Title **TREASURER** Name STEDNICK, LINDA

Address C/O TRUST MANAGEMENT SERVICES

**GROUP** 

P.O.BOX 160698

City-State-Zip: HIALEAH FL FL 33016

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.

Ρ

SIGNATURE: BACELAR, YUSEL

03/08/2022