

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

DOCUMENT# N41878

**Entity Name:** L'EXCELLENCE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC6980270317**

**Current Principal Place of Business:**

5757 COLLINS AVE.  
ADMIN OFFICE  
MIAMI BCH., FL 33140

**Current Mailing Address:**

5757 COLLINS AVE.  
ADMIN OFFICE  
MIAMI BCH., FL 33140 US

**FEI Number: 65-0247650**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIR STE 1102  
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 P  
Name PARODI, JUAN M  
Address 5757 COLLINS AVE. 801  
City-State-Zip: NORTH MIAMI BEACH FL 33140

Title VP  
Name FERNANDEZ, LUIS  
Address 5757 COLLINS AVE, 1504  
City-State-Zip: NORTH MIAMI BEACH FL 33140

Title DIRECTOR  
Name LAMELA, ANGEL SR.  
Address 5757 COLLINS AVE. APT 1405  
City-State-Zip: MIAMI BEACH FL 33140

Title S  
Name ROQUE, OLGA M  
Address 5757 COLLINS AVE. 1604  
City-State-Zip: MIAMI BEACH FL 33140

Title T  
Name LEVY, SAM SR.  
Address 5757 COLLINS AVE.APT 2207  
City-State-Zip: MIAMI BCH. FL 33140

*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: JUAN M. PARODI**

**PRESIDENT**

**01/15/2014**

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

\_\_\_\_\_  
Date