

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005021

**Entity Name:** POTOMAC PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O VTE CONSULTING LLC  
1840 WEST 49 STREET SUITE 233  
HIALEAH, FL 33012

**Current Mailing Address:**

C/O VTE CONSULTING LLC  
1840 WEST 49 STREET SUITE 233  
HIALEAH, FL 33012 US

**FEI Number:** 65-0998586

**Certificate of Status Desired:** No

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

VTE CONSULTING LLC  
C/O VTE CONSULTING LLC  
1840 WEST 49 STREET SUITE 233  
HIALEAH, FL 33012 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:** VALENTIN T ESCTIBANO

02/28/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SKARBREVIK, NESTOR  
Address        C/O VTE CONSULTING LLC  
                  1840 WEST 49 STREET SUITE 233  
City-State-Zip: HIALEAH FL 33012

Title            VP  
Name            DIAZ, YOEL  
Address        C/O VTE CONSULTING LLC  
                  1840 WEST 49 STREET SUITE 233  
City-State-Zip: HIALEAH FL 33012

Title            SECRETARY  
Name            VINAS, AMAYA M  
Address        C/O VTE CONSULTING LLC  
                  1840 WEST 49 STREET SUITE 233  
City-State-Zip: HIALEAH FL 33012

Title            TREASURER  
Name            OLIVERA, MARISSA  
Address        C/O VTE CONSULTING LLC  
                  1840 WEST 49 STREET SUITE 233  
City-State-Zip: HIALEAH FL 33012

Title            DIRECTOR  
Name            BLANDON, LUIS  
Address        C/O VTE CONSULTING LLC  
                  1840 WEST 49 STREET SUITE 233  
City-State-Zip: HIALEAH FL 33012

*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:** NESTOR SKARBREVIK

PRESIDENT

02/28/2025

Electronic Signature of Signing Officer/Director Detail

Date