

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N02851

1. Entity Name
**VERSAILLES HOTEL CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**3425 COLLINS AVENUE
MIAMI BCH, FL 33140**

Mailing Address
**3425 COLLINS AVENUE
MIAMI BCH, FL 33140**



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2399004

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, HERMES
3425 COLLINS AVENUE #723
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FERNANDEZ, HERMES
STREET ADDRESS	4263 NW 5TH ST
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DT
NAME	BONICH, LUISA
STREET ADDRESS	1655 SW 197 TERR
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	DV
NAME	HENRY, LUCIA FERNANDA
STREET ADDRESS	3200 COLLINS AVENUE, APT. 821
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	DS
NAME	ALAIN, SOLTURA
STREET ADDRESS	1860 CORAL GATE DRIVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DVP
NAME	JOSE, FRAGA M
STREET ADDRESS	3425 COLLINS AVE #824
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1190000194452
01/25/05-80102-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Hermes Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/05 305-592-1262