# 2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 30, 2010**
**Secretary of State**

DOCUMENT# N04000010434

**Entity Name:** 814 PONCE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1400 NE MIAMI GARDENS DR. SUITE #210-A
MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

1400 NE MIAMI GARDENS DR. SUITE #210-A
MIAMI, FL 33179 US

**New Mailing Address:**

**FEI Number: 68-0607746** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HABER, ROBERT M
520 BRICKELL KEY DR STE O-305
MIAMI, FL 33131 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD
Name: STRELITZ, BRIAN L
Address: 1400 N.E. MIAMI GARDENS DR, 210A
City-St-Zip: MIAMI, FL 33179 US

Title: VD
Name: RUIZ, ZULLY
Address: 814 PONCE DE LEON BLVD, # 400
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SEC
Name: QUINTERO, ESTHER
Address: 814 PONCE DE LEON BLVD, # 400
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VD2
Name: AGUILAR, RICHARD
Address: 814 PONCE DE LEON BLVD SUITE #310
City-St-Zip: CORAL GABLES, FL 33134 US

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: BRIAN L STRELITZ PD 06/30/2010

Electronic Signature of Signing Officer or Director Date