

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011422

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** NORDICA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2525 SW 3RD AVENUE  
SUITE 600  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

2601 S BAYSHORE DRIVE  
SUITE 1800  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** 04-3736539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASTOR PROPERTY MANAGEMENT, LLC  
2601 S BAYSHORE DR  
SUITE 1800  
MIAMI, FL 33133 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: DP  
Name: TORRES, PETER A  
Address: 2601 S. BAYSHORE DR., SUITE 1800  
City-St-Zip: MIAMI, FL 33133

Title: DVP  
Name: TORRES, HENRY  
Address: 2601 S. BAYSHORE DR., SUITE 1800  
City-St-Zip: MIAMI, FL 33133

Title: DS  
Name: PRADERE, JENNIFER  
Address: 2525 SW THIRD AVENUE, STE 600  
City-St-Zip: MIAMI, FL 33129

Title: D  
Name: CORDERO, RIZA  
Address: 2525 SW THIRD AVENUE, STE 600  
City-St-Zip: MIAMI, FL 33129

Title: D  
Name: OLIVEIRA, JOAO  
Address: 2525 SW THIRD AVENUE, STE 600  
City-St-Zip: MIAMI, FL 33129

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: PETER A. TORRES

DP

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date