

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003218

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

C/O PILLAR MANAGEMENT GROUP, INC.  
201 SE 19TH STREET  
FT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PILLAR MANAGEMENT GROUP, INC.  
201 SE 19TH STREET  
FT LAUDERDALE, FL 33316 US

**New Mailing Address:**

**FEI Number:** 20-8739762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASSOCIATED LAW GROUP  
1666 KENNEDY CAUSEWAY  
SUITE 305  
NORTH BAY VILLAGE, FL 33141 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:** GUZMAN, NICOLAS  
**Address:** 201 SE 19TH STREET  
**City-St-Zip:** FT LAUDERDALE, FL 33316 US

**Title:** VP  
**Name:** TAGLE, FRANCISCO J  
**Address:** 201 SW 19TH STREET  
**City-St-Zip:** FT LAUDERDALE, FL 33316 US

**Title:** ST  
**Name:** FRANCISCO, SILVA A  
**Address:** 201 SE 19TH STREET  
**City-St-Zip:** FT LAUDERDALE, FL 33316 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:** ALDA SKVERECKAS

CEO

04/25/2012

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

\_\_\_\_\_  
Date