

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 16, 2011
Secretary of State

DOCUMENT# N97000001810

Entity Name: SEGOVIA TOWER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**600 CORAL WAY
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**600 CORAL WAY
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 56-2354432**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BENDER, HARRY K ESQ
5915 PONCE DE LEON BLVD
SUITE 63
CORAL GABLES, FL 33146 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: VP
Name: FERRARO, JAMES L
Address: 600 CORAL WAY PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P
Name: HIRSCHHORN, JOEL
Address: 600 CORAL WAY #010
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TS
Name: WILLIAMS, GAIL
Address: 600 CORAL WAY #6
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: FAMADAS, BLANCA T
Address: 600 CORAL WAY # 4
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: HOLIFIELD, MARILYN
Address: 600 CORAL WAY # 1
City-St-Zip: CORAL GABLES, FL 33134

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: GAIL WILLIAMS

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12/16/2011

Electronic Signature of Signing Officer or Director

Date