

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720563

**Entity Name:** MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6039 COLLINS AVE.  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

6039 COLLINS AVE.  
MIAMI BEACH, FL 33140

**FEI Number: 59-1377619**

**Certificate of Status Desired: Yes**

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

EISINGER BROWN LEWIS & FRANKEL, P.A.  
DENNIS J. EISINGER, ESQ  
4000 HOLLYWOOD BLVD., STE 265-S  
HOLLYWOOD, FL 33021 US

*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

**Officer/Director Detail :**

Title P  
Name ECHEGOYEN, AURORA  
Address 6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title VP  
Name RAMOS, ARIEL  
Address 6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title S  
Name LEAL, JORGE  
Address 6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title TREA  
Name ARJONA, MIGUEL  
Address 6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title D  
Name HERNANDEZ, FELIX E.  
Address 6039 COLLINS AVE.  
City-State-Zip: UNIT# 728 FL 33140

Title D  
Name VICENT , PEDRO  
Address 6039 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name HERNANDEZ, HUMBERTO  
Address 6039 COLLINS AVE  
UNIT# 1237  
City-State-Zip: MIAMI BEACH FL 33140

*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: JORGE LEAL**

**SECRETARY**

**02/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date