

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725576

**Entity Name:** FLAGLER PLAZA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC7614699848**

**Current Principal Place of Business:**

3001 S.W. 2ND STREET  
APT. 113-C  
MIAMI, FL 33135

**Current Mailing Address:**

3001 S.W. 2ND STREET  
APT. 113-C  
MIAMI, FL 33135

**FEI Number: 59-1651473**

**Certificate of Status Desired: No**

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

MIAMI MANAGEMENT SOLUTIONS, INC.  
3383 NW 7 ST.  
309  
MIAMI, FL 33125 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: IVANIA RIVAS**

**01/20/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SUAREZ, MANUEL R.  
Address        3001 S.W. 2ND STREET  
City-State-Zip: MIAMI FL 33135

Title            VP  
Name            BOGIN, VICENTE  
Address        3001 S.W. 2ND STREET  
City-State-Zip: MIAMI FL 33135

Title            TREASURER  
Name            BUSTAMANTE, IVAN  
Address        3001 S.W. 2ND STREET  
City-State-Zip: MIAMI FL 33135

Title            SECRETARY  
Name            GALDO, ELENA  
Address        3001 S.W. 2ND STREET  
City-State-Zip: MIAMI FL 33135

Title            VICE SECRETARY  
Name            QUESADA, LUIS  
Address        3001 S.W. 2ND STREET  
City-State-Zip: MIAMI FL 33135

*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: MANUEL R. SUAREZ**

**PRESIDENT**

**01/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date