## 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 729424** 

Entity Name: VERSAILLES GARDENS I CONDOMINIUM ASSOCIATION, INC.

**FILED** Oct 21, 2016 Secretary of State CC9983666240

### **Current Principal Place of Business:**

C/O J&M CONDO. MANAGEMENT & MAINTENANCE, INC.

9600 N.W. 25 ST. #5D DORAL, FL 33172

## **Current Mailing Address:**

C/O J&M CONDO. MANAGEMENT & MAINTENANCE, INC. 9600 N.W. 25 ST. #5D DORAL, FL 33172 US

FEI Number: 59-1594854 Certificate of Status Desired: No

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

MARCUS E. STEIN, P.A. 9050 PINES BLVD. #415 PEMBROKE PINES, FL 33024 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: MARCUS E. STEIN 10/21/2016

> Date Electronic Signature of Registered Agent

# Officer/Director Detail:

DORAL FL 33172

DORAL FL 33172

City-State-Zip:

City-State-Zip:

Title **TREASURER** Title VΡ

Name PRADO, ALBERTO Name ALFONSO, JORGE Address 9600 N.W. 25 ST. #5D Address 9600 N.W. 25 ST. #5D DORAL FL 33172 City-State-Zip: DORAL FL 33172 City-State-Zip:

Title **PRESIDENT SECRETARY** Title

Name GONZALEZ, NORMA Name GIL, OMAIRA Address 9600 N.W. 25 ST. #5D Address 9600 N.W. 25 ST. #5D City-State-Zip: DORAL FL 33172

Title DIRECTOR Name MENENDEZ, ANA 9600 N.W. 25 ST. #5D Address

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.

10/21/2016 SIGNATURE: NORMA GONZALEZ **PRESIDENT**