## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 752027** 

Entity Name: CARLTON BAY CONDOMINIUM ASSOCIATION, INC.

**FILED** Jan 27, 2017 **Secretary of State** CC6524677794

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

2821 NORTH MIAMI BEACH BOULEVARD

**OFFICE** 

NORTH MIAMI BEACH, FL 33160

## **Current Mailing Address:**

2821 NORTH MIAMI BEACH BOULEVARD **OFFICE** NORTH MIAMI BEACH, FL 33160 US

FEI Number: 59-1998418 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CARLOS F. MARTIN, PA CARLOS F. MARTIN, PA

2525 PONCE DE LEON BOULEVARD SUITE 300

MIAMI, FL 33134 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: CARLOS F. MARTIN 01/27/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title TREASURER Title **SECRETARY** 

Name KRISTAL, JERRY Name FLEISCHER, JORGE

2821 NORTH MIAMI BEACH 2821 NORTH MIAMI BEACH Address Address

**BOULEVARD BOULEVARD UNIT 5X UNIT 4P** 

NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 City-State-Zip:

**DIRECTOR** Title **PRESIDENT** Title BERGALLI, MARIA CHOUHBI, SAID Name Name

Address 2821 NORTH MIAMI BEACH Address 2821 NORTH MIAMI BEACH

**BOULEVARD BOULEVARD UNIT 2N** UNIT 2P

City-State-Zip: NORTH MIAMI BEACH FL 33160 City-State-Zip: NORTH MIAMI BEACH FL 33160

Title VΡ

City-State-Zip:

Name SOLOMON, INGRID Address 1281 NW 95TH AVENUE PLANTATION FL 33322 City-State-Zip:

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.

01/27/2017 SIGNATURE: MARIA BERGALLI **PRESIDENT**