

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762469

**Entity Name:** CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 07, 2016**  
**Secretary of State**  
**CC9011182749**

**Current Principal Place of Business:**

C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
MIAMI, FL 33186

**Current Mailing Address:**

C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
MIAMI, FL 33186 US

**FEI Number: 59-2205863**

**Certificate of Status Desired: Yes**

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

SKRLD  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33186 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 TD  
Name RONDEROS, PATRICIA MS  
Address C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

Title VPD  
Name PEREZ, LAURA MS  
Address C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

Title PD  
Name KMEICK, PETER MR  
Address C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

Title SD  
Name HOREA, MABEL MS  
Address C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

*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: PETER KMEICK**

**PRESIDENT**

**03/07/2016**

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

\_\_\_\_\_  
Date