

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00802

**FILED**  
**Jan 09, 2018**  
**Secretary of State**  
**CC5438100250**

**Entity Name:** MARY, A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

981 W 51 PLACE  
HIALEAH, FL 33012

**Current Mailing Address:**

981 W 51 PLACE  
HIALEAH, FL 33012 US

**FEI Number:** 65-0212973

**Certificate of Status Desired:** No

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

MARTINEZ, ADA  
1302 W 44 PLACE  
HIALEAH, FL 33012 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 V.P.  
Name MARTINEZ, ADA  
Address 1302 W 44 PLACE  
City-State-Zip: HIALEAH FL 33012

Title SD  
Name MARTINEZ, ADA  
Address 1302 W 44 PLACE  
City-State-Zip: HIALEAH FL 33012

Title TD  
Name LISSABET, RAMIRO L  
Address 981 W 51 PLACE  
City-State-Zip: HIALEAH FL 33012

Title PRESIDENT  
Name LISSABET, RAMIRO L  
Address 981 W 51 PLACE  
City-State-Zip: HIALEAH FL 33012

*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:** RAMIRO L LISSABET

**PRESIDENTE**

**01/09/2018**

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

\_\_\_\_\_  
Date