

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

DOCUMENT# N02000003257

**Entity Name:** AVIGNON IN THE GABLES CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC2175114893**

**Current Principal Place of Business:**

14275 SW 142 AVE  
MIAMI, FL 33186

**Current Mailing Address:**

14275 SW 142 AVE  
MIAMI, FL 33186

**FEI Number: 03-0443650**

**Certificate of Status Desired: No**

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

REHR, MICHAEL  
9500 S DADELAND BOULEVARD  
SUITE #550  
MIAMI, FL 33156 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            PRESIDENT  
Name            PARADA, JUAN  
Address        14275 SW 142 AVE  
City-State-Zip: MIAMI FL 33186

Title            TREASURER  
Name            CARLSON, SHARON  
Address        14275 SW 142 AVE  
City-State-Zip: MIAMI FL 33186

Title            SECRETARY  
Name            GOMEZ, ANDY DR.  
Address        14275 SW 142 AVE  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            MIQUILARENA, CARLOS  
Address        14275 SW 142 AVE  
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: JUAN PARADA**

**PRESIDENT**

**01/22/2018**

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

\_\_\_\_\_  
Date