

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003257

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

**FILED**  
**Jan 25, 2024**  
**Secretary of State**  
**8023111483CC**

**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:**

TRIAI, CARLOS A  
2301 NW 87 AVE  
SUITE #501  
DORAL, FL 33172 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 A TRIAY

01/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FRIEDMAN, ALLAN F  
Address 14275 SW 142 AVE  
City-State-Zip: MIAMI FL 33186

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

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

Title PRESIDENT  
Name MIQUILARENA, CARLOS  
Address 14275 SW 142 AVE  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name PARADA, JUAN  
Address 14275 SW 142 AVE  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name TOPDJIAN, HAGOP  
Address 14275 SW 142 AVE  
City-State-Zip: MIAMI FL 33186

Title VP  
Name GOMEZ, ANDY  
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:** MIQUILARENA , CARLOS

**PRESIDENT**

01/25/2024

Electronic Signature of Signing Officer/Director Detail

Date