

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005845

**FILED**  
**Jan 20, 2017**  
**Secretary of State**  
**CC8800108821**

**Entity Name:** MILANO AT DEERING BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13621 DEERING BAY DR  
3000  
CORAL GABLES, FL 33158

**Current Mailing Address:**

13633 DEERING BAY DR  
#10  
CORAL GABLES, FL 33158 US

**FEI Number:** 20-0140009

**Certificate of Status Desired:** No

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE, #1102  
CORAL GABLES, 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title S/D  
Name BOX, JOHN  
Address 13621 DEERING BAY DR., #1002  
City-State-Zip: CORAL GABLES FL 33158

Title T/D  
Name MAYNES, ROBERT  
Address 13621 DEERING BAY DR #1001  
City-State-Zip: CORAL GABLES FL 33158

Title DIRECTOR AT LARGE  
Name MOSES, MARTHA  
Address 13621 DEERING BAY DR. #501  
City-State-Zip: CORAL GABLES FL 33158

Title P/D  
Name BARKER, HOWARD  
Address 13621 DEERING BAY DR #903  
City-State-Zip: MIAMI FL 33158

Title VP/D  
Name ARNOLD, DAVID C  
Address 13621 DEERING BAY DR #403  
City-State-Zip: CORAL GABLES FL 33158

*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:** HOWARD BARKER

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01/20/2017

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date