

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008827

**Entity Name:** 747 PONCE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD  
SUITE 410  
CORAL GABLES, FL 33134

**Current Mailing Address:**

747 PONCE DE LEON BLVD  
SUITE 410  
CORAL GABLES, FL 33134

**FEI Number:** 75-3136187

**Certificate of Status Desired:** No

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

MACIA, SERGIO  
747 PONCE DE LEON BLVD  
SUITE 410  
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 PD  
Name MACIA, SERGIO  
Address 747 PONCE DE LEON BLVD STE 410  
City-State-Zip: CORAL GABLES FL 33134

Title VS  
Name VILANOVA, SALVADOR  
Address 747 PONCE DE LEON BLVD STE 410  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name BRACERAS, WILFRED  
Address 747 PONCE DE LEON BLVD, STE 410  
City-State-Zip: CORAL GABLES FL 33134

*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:** SERGIO MACIA

**PRESIDENT**

**03/25/2013**

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

\_\_\_\_\_  
Date