

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

DOCUMENT# N03000008827

**FILED**  
**Jan 10, 2024**  
**Secretary of State**  
**0173273047CC**

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

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD  
SUITE 202-OFFICE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

747 PONCE DE LEON BLVD  
SUITE 202-OFFICE  
CORAL GABLES, FL 33134 US

**FEI Number:** 75-3136187

**Certificate of Status Desired:** No

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

CLAVERO, OMAR  
747 PONCE DE LEON BLVD  
SUITE 202-OFFICE  
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:** OMAR CLAVERO

01/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ERRO, JUAN C DR.  
Address 747 PONCE DE LEON BLVD.  
SUITE 202-OFFICE  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name BRACERAS, WILFRED  
Address 747 PONCE DE LEON BLVD.  
SUITE 202-OFFICE  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY, TREASURER  
Name SABATES, CARLOS A. DR.  
Address 747 PONCE DE LEON BLVD.  
SUITE 202-OFFICE  
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:** WILFRED BRACERAS

PRESIDENT

01/10/2024

Electronic Signature of Signing Officer/Director Detail

Date