

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011218

**Entity Name:** PUERTA DE PALMAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

888 S DOUGLAS RD  
CORAL GABLES, FL 33134-3125

**Current Mailing Address:**

888 SOUTH DOUGLAS ROAD  
MANAGEMENT OFFICE  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-5751750

**Certificate of Status Desired:** No

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE, 11TH FLOOR  
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            PRESIDENT  
Name            VITAGLIANO, SANTIAGO  
Address        888 SOUTH DOUGLAS ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title            VP, SECRETARY  
Name            GIL, ADRIANA  
Address        888 SOUTH DOUGLAS ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            DUARTE, TERESA  
Address        888 SOUTH DOUGLAS ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            SOTO, RAUL  
Address        888 SOUTH DOUGLAS ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            DE GALLI, MARIANELA  
Address        888 SOUTH DOUGLAS ROAD  
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:** SANTIAGO VITAGLIANO

**PRESIDENT**

**03/13/2015**

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

\_\_\_\_\_  
Date