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

DOCUMENT# N06000012251

Entity Name: PONCE CENTRE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 13, 2024
Secretary of State
6255315484CC

# **Current Principal Place of Business:**

11301 OKEECHOBEE BLVD.

ATTN: PONCE ASSOC/KEITH MIXON SECOND FLOOR

WEST PALM BACH, FL 33411

# **Current Mailing Address:**

11301 OKEECHOBEE BLVD

ATTN: PONCE ASSOC/KEITH MIXON SECOND FLOOR

WEST PALM BEACH, FL 33411 US

FEI Number: 26-3362914 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

ROBERT, GROELLE 11301 OKEECHOBEE BLVD ATTN: PONCE ASSOC/KEITH MIXON SECOND FLOOR WEST PALM BEACH, FL 33411 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: ROBERT GROELLE 04/13/2024

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title DP Title DT

Name GROELLE, ROBERT Name SADIK, ZAHERA

Address 11301 OKEECHOBEE BLVD. Address 12798 W. FOREST HILL BLVD.

SECOND FLOOR SUITE 204

City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: WELLINGTON FL 33414

Title DVP

Name ABRAHAM, MOHAN

Address 12798 W. FOREST HILL BLVD.

SUITE 204

City-State-Zip: WELLINGTON FL 33414

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.

Electronic Signature of Signing Officer/Director Detail