

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012251

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

**Current Principal Place of Business:**

12788 W. FOREST HILL BLVD.  
SUITE 1003  
WELLINGTON, FL 33414

**Current Mailing Address:**

12788 W. FOREST HILL BLVD.  
SUITE 1003  
WELLINGTON, FL 33414

**FEI Number: 26-3362914**

**Certificate of Status Desired: No**

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

BARRON, HOPE  
12788 W. FOREST HILL BLVD.  
SUITE 1003  
WELLINGTON, FL 33414 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            DP  
Name            GROELLE, ROBERT  
Address        12788 W. FOREST HILL BLVD.  
                 SUITE 1003  
City-State-Zip: WELLINGTON FL 33414

Title            DV  
Name            SADIK, ZAHERA  
Address        12788 W. FOREST HILL BLVD.  
                 SUITE 1003  
City-State-Zip: WELLINGTON FL 33414

Title            DST  
Name            ABRAHAM, MOHAN  
Address        12788 W. FOREST HILL BLVD.  
                 SUITE 1003  
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.*

**SIGNATURE: ROBERT GROELLE**

**MEMBER**

**03/07/2016**

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

\_\_\_\_\_  
Date