

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002115

**FILED**  
**Mar 03, 2014**  
**Secretary of State**  
**CC7063916820**

**Entity Name:** LUNA OCEAN RESIDENCES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SWIFT MANAGEMENT SOLUTIONS  
1750 N UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

C/O SWIFT MANAGEMENT SOLUTIONS  
1750 N UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071

**FEI Number: 20-8560010**

**Certificate of Status Desired: No**

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

SWIFT MANAGEMENT SOLUTIONS  
1750 N UNIVERSITY DRIVE  
SUITE 205  
CORAL SPRINGS, FL 33071 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 D  
Name HOTEIT, ABED  
Address 227 ALGIERS AVE  
City-State-Zip: LAUDERDALE BY THE SEA FL 33308

Title D  
Name RIVERA , MAYRA  
Address 335 BISCAYNE BLVD  
#4108  
City-State-Zip: MIAMI FL 33131

Title D  
Name DEMICHAEL, ARTHUR  
Address 704 N. OCEAN BLVD #904  
City-State-Zip: POMPANO BEACH FL 33062

*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: ABED HOTEIT**

**PRESIDENT**

**03/03/2014**

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

\_\_\_\_\_  
Date