

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

DOCUMENT# N07000009943

**Entity Name:** MONA LISA AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 20, 2015**  
**Secretary of State**  
**CC2801571136**

**Current Principal Place of Business:**

225 CELEBRATION PLACE  
CELEBRATION, FL 34747

**Current Mailing Address:**

225 CELEBRATION PLACE  
CELEBRATION, FL 34747 US

**FEI Number: 30-0474580**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	DS
Name	TEJEDA, ALVARO	Name	CHARCO, VICTOR H
Address	800 BRICKELL AVENUE; STE. 1000	Address	800 BRICKELL AVE SUITE 1000
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP, TREASURER		
Name	DE GANTE , MIGUEL		
Address	225 CELEBRATION PLACE		
City-State-Zip:	CELEBRATION FL 34747		

*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: ALVARO TEJEDA**

**PRESIDENT**

**02/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date