

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001384

Entity Name: 7950 PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.**FILED**
Jun 11, 2013
Secretary of State
CC8281871480**Current Principal Place of Business:**135 SAN LORENZO AVENUE
SUITE 750
CORAL GABLES, FL 33146**Current Mailing Address:**135 SAN LORENZO AVENUE
SUITE 750
CORAL GABLES, FL 33146 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GRAGG, K. LAWRENCE
135 SAN LORENZO AVENUE
SUITE 750
MIAMI, FL 33146 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	PD
Name	JULIAN, MARK
Address	135 SAN LORENZO AVENUE SUITE 750
City-State-Zip:	CORAL GABLES FL 33146

Title	STD
Name	PESANT, ROBERTO
Address	135 SAN LORENZO AVENUE SUITE 750
City-State-Zip:	CORAL GABLES FL 33146

Title	D
Name	NAHMAD, RAYMOND
Address	7950 N. W. 53RD STREET, SUITE 112
City-State-Zip:	DORAL FL 33166

Title	VP
Name	GRAGG,, K. LAWRENCE
Address	135 SAN LORENZO AVENUE STE 750
City-State-Zip:	CORAL GABLES FL 33146

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: MARK JULIAN**PRESIDENT****06/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date