

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001384

**Entity Name:** 7950 PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 07, 2017**  
**Secretary of State**  
**CC8920357801**

**Current Principal Place of Business:**

8350 NW 52ND TERRACE  
SUITE 102  
DORAL, FL 33166

**Current Mailing Address:**

8350 NW 52ND TERRACE  
SUITE 102  
DORAL, FL 33166 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CUSHMAN & WAKEFIELD  
8350 NW 52ND TERRACE  
SUITE 102  
DORAL, FL 33166 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: SAMMY J DAWES**

**04/07/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD, SECRETARY  
Name RUZ, GABRIEL THOMAS JR.  
Address 7950 NW 53RD STREET SUITE 300  
City-State-Zip: DORAL FL 33131

Title D  
Name SEAROCK, RAUL  
Address 8350 NW 52ND TERRACE  
SUITE 102  
City-State-Zip: DORAL FL 33166

Title VP, DIRECTOR, TREASURER  
Name WALLICK, LINDSAY  
Address 7950 NW 53RD STREET SUITE 237  
City-State-Zip: DORAL FL 33166

*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: GABRIEL RUZ**

**DIRECTOR**

**04/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date