

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N08000002466

**Entity Name:** ONE SEVENTEEN PROFESSIONAL ARTS CENTER  
CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

95 MERRICK WAY  
SUITE 380  
CORAL GABLES, FL 33134

**Current Mailing Address:**

95 MERRICK WAY  
SUITE 380  
CORAL GABLES, FL 33134

**FEI Number: 26-2564453**

**Certificate of Status Desired: No**

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

CORPDIRECT AGENTS, INC.  
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 SECRETARY, TREASURER,  
DIRECTOR  
Name YACOVETTA, MARK  
Address 8500 ANDREW CARNEGIE BLVD, 3RD  
FLOOR  
City-State-Zip: CHARLOTTE NC 28262

Title PRESIDENT  
Name ROSS, MICHAEL L DR.  
Address 8200 SW 117 AVENUE  
SUITE 101  
City-State-Zip: MIAMI FL 33183

Title VP  
Name MORALES, PEDRO DR.  
Address 8200 SW 117 AVENUE  
SUITE 108  
City-State-Zip: MIAMI FL 33183

*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: DR. MICHAEL L. ROSS**

**PRESIDENT**

**11/26/2013**

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

\_\_\_\_\_  
Date