

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004134

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**6076874666CC**

**Entity Name:** MERRICK VIEW OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

135 SAN LORENZO AVENUE  
SUITE 810  
CORAL GABLES, FL 33146

**Current Mailing Address:**

135 SAN LORENZO AVENUE  
SUITE 810  
CORAL GABLES, FL 33146 US

**FEI Number:** 26-2505476

**Certificate of Status Desired:** No

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

A & A REGISTERED AGENT, INC.  
135 SAN LORENZO AVENUE  
SUITE 810  
CORAL GABLES, 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 TD  
Name ALAYON, RICHARD  
Address 135 SAN LORENZO AVENUE, STE 820  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name AGOSTINI, MARCELLO  
Address 1200 BRICKELL AVE, SUITE 1480  
City-State-Zip: MIAMI FL 33131

Title P  
Name HERMAN, ALYSA DR.  
Address 135 SAN LORENZO AVNEUE, SUITE 700  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name BARRETO, ENRIQUE DR.  
Address 135 SAN LORENZO AVENUE SUITE 640  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name SIMAN, FRANCISCO  
Address 1000 PONCE DE LEON SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name SILVA , ROLANDO  
Address 135 SAN LORENZO AVENUE SUITE 890  
City-State-Zip: CORAL GABLES FL 33146

Title SD  
Name STARKE, MICHELLE DR.  
Address 135 SAN LORENZO AVENUE SUITE 550  
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:** RICHARD ALAYON

D

02/11/2019

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

\_\_\_\_\_  
Date