

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008638

**Entity Name:** 1600 PONCE OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

**FEI Number:** 26-3432525

**Certificate of Status Desired:** No

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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 DEL RIO, RICARDO  
Address RICARDO DEL RIO  
1600 PONCE DE LEON 1208  
City-State-Zip: MIAMI FL 33134

Title VP  
Name HERNANDEZ, MARIANELA  
Address C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DRIVE, SUITE  
310  
City-State-Zip: MIAMI FL 33126

Title T/S  
Name HORSLEY, CHRISTIAN  
Address C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DRIVE, SUITE  
310  
City-State-Zip: MIAMI FL 33126

*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:** RICARDO DEL RIO

**PRESIDENT**

**04/17/2024**

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

\_\_\_\_\_  
Date