

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08435

**FILED**  
**Jan 26, 2020**  
**Secretary of State**  
**5073962701CC****Entity Name:** CHARDONNAY TOWNHOUSES HOMEOWNERS' ASSOCIATION  
INC.**Current Principal Place of Business:**C/O MIAMI MANAGEMENT INC  
14275 SW 142 AVE  
MIAMI, FL 33186**Current Mailing Address:**C/O MIAMI MANAGEMENT INC  
14275 SW 142 AVE  
MIAMI, FL 33186 US**FEI Number:** 65-0254282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRIAY, CARLOS A  
2301 NW 87 AVE  
SUITE 501  
DORAL, FL 33172 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	PRESIDENT, DIRECTOR
Name	ALLBRITTON, RICHARD
Address	CHARDONNAY C/O MMI 14275 SW 142 AVE.
City-State-Zip:	MIAMI FL 33186

Title	TREASURER
Name	FERNANDEZ, WENDY
Address	CHARDONNAY C/O MMI 14275 SW 142 AVE.
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	BEATON, NIVARDO
Address	CHARDONNAY C/O MMI 14275 SW 142 AVE.
City-State-Zip:	MIAMI FL 33186

Title	VP, DIRECTOR
Name	ZELTSMAN, BRIAN
Address	CHARDONNAY C/O MMI 14275 SW 142 AVE.
City-State-Zip:	MIAMI FL 33186

Title	SECRETARY
Name	AGREDA , FEDERICO
Address	CHARDONNAY C/O MMI 14275 SW 142 AVE.
City-State-Zip:	MIAMI FL 33186

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 ALLBRITTON**PRESIDENT****01/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date