

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003409

**FILED**  
**Mar 04, 2015**  
**Secretary of State**  
**CC5498381705**

**Entity Name:** 2020 PONCE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2020 PONCE DE LEON BLVD  
CORAL GABLES, FL 33131

**Current Mailing Address:**

100 S BISCAYNE BLVD  
SUITE 900  
MIAMI, FL 33131

**FEI Number:** 26-4370839

**Certificate of Status Desired:** No

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

JERRY E. ARON, P.A.  
2505 METROCENTRE BLVD STE 301  
WEST PALM BEACH, FL 33407 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 DP  
Name DAHAN, PHIL  
Address 100 S BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33131

Title DVST  
Name WARHAFT, DEAN  
Address 100 S BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name PERLICZ, RAUL  
Address 2020 PONCE DE LEON BLVD  
PH - 2  
City-State-Zip: CORAL GABLES FL 33134

*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:** DEAN WARHAFT

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03/04/2015

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

\_\_\_\_\_  
Date