

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

DOCUMENT# N14000005043

**Entity Name:** PRIVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5500 ISLAND ESTATES DRIVE  
MANAGEMENT OFFICE  
AVENTURA, FL 33160

**Current Mailing Address:**

5500 ISLAND ESTATES DRIVE  
MANAGEMENT OFFICE  
AVENTURA, FL 33160 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF  
121 ALHAMBRA PLAZA  
1000  
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: BECKER POLIAKOFF**

**03/20/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name COHEN, GARY  
Address 2750 NE 185TH STREET, SUITE 301  
City-State-Zip: AVENTURA FL 33180

Title VPD  
Name LEBENSOHN, DANIEL  
Address 21500 BISCAYNE BLVD, SUITE 302  
City-State-Zip: AVENTURA FL 33180

Title STD  
Name PULVER, DAVID DR.  
Address 5000 ISLAND ESTATES, DRIVE  
1502S  
City-State-Zip: AVENTURA FL 33160

*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: GARY COHEN**

**PD**

**03/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date