

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14000005239

**Entity Name:** 5300 PASEO CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 28, 2017**  
**Secretary of State**  
**CC4169262492**

**Current Principal Place of Business:**

5300 PASEO BOULEVARD  
MANAGEMENT OFFICE  
DORAL, FL 33166

**Current Mailing Address:**

5300 PASEO BOULEVARD  
MANAGEMENT OFFICE  
DORAL, FL 33166 US

**FEI Number: 81-4211005**

**Certificate of Status Desired: No**

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

BASULTO ROBBINS & ASSOCIATES, LLP  
14160 NW 77 COURT  
STE. 22  
MIAMI LAKES, FL 33016 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: RUSSELL M. ROBBINS, ESQ.**

**03/28/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BORIA, LUIGI  
Address        5300 PASEO BOULEVARD  
                  MANAGEMENT OFFICE  
City-State-Zip: DORAL FL 33166

Title           VICE-PRESIDENT  
Name           BURGOS, MARIA TRINA  
Address        5300 PASEO BOULEVARD  
                  MANAGEMENT OFFICE  
City-State-Zip: DORAL FL 33166

Title           TREASURER  
Name           QUINTERO, MARIA D  
Address        5300 PASEO BOULEVARD  
                  MANAGEMENT OFFICE  
City-State-Zip: DORAL FL 33166

Title           SECRETARY  
Name           ORTA, ROBERTO  
Address        5300 PASEO BOULEVARD  
                  MANAGEMENT OFFICE  
City-State-Zip: DORAL FL 33166

Title           DIRECTOR  
Name           SIXTO, PINEDA  
Address        5300 PASEO BOULEVARD  
                  MANAGEMENT OFFICE  
City-State-Zip: DORAL FL 33166

*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: LUIGI BORIA**

**PRESIDENT**

**03/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date