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: MARILYN CAPUTO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/24/2017

Date

DRAL GABLES, FL 33114 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	MARCELO CHIALASTRI			02/24/2017	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	SECRETARY, TREASURER	Title	PRESIDENT		
Name	SHOBE, CAROL	Name	CAPUTO, MARILYN		
Address	37 MAJORCA AVENUE # 203	Address	37 MAJORCA AVENUE # 302		
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134		

# DOCUMENT# N21566

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: MAJORCA PLAZA CONDOMINIUM 1 ASSOCIATION, INC.

# Current Principal Place of Business:

37 MAJORCA AVENUE CORAL GABLES, FL 33134

### **Current Mailing Address:**

C/O TRIZEL CRE PO BOX 14-1857 CORAL GABLES, FL 33114 US

# FEI Number: 65-0082602

### Name and Address of Current Registered Agent:

CHIALASTRI, MARCELO MANAGER C/O TRIZEL CRE PO BOX 14-1857 CORAL GABLES, FL 33114 US

### FILED Feb 24, 2017 Secretary of State CC0585160783

Certificate of Status Desired: No