

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24000008080

**Entity Name:** AVENIR TOWN CENTER ASSOCIATION, INC

**Current Principal Place of Business:**

550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134

**Current Mailing Address:**

550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ECKSTEIN SCHECHTER, ROSA ESQ  
550 BILTMORE WAY, SUITE 1110  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name MATO, MANUEL M  
Address 550 BILTMORE WAY, SUITE 1110  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name ECKSTEIN SCHECHTER, ROSA  
Address 550 BILTMORE WAY, SUITE 1110  
City-State-Zip: CORAL GABLES FL 33134

Title DST  
Name CEPERO, VIRGINIA  
Address 550 BILTMORE WAY, SUITE 1110  
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:** ROSA ECKSTEIN SCHECHTER

**REGISTERED AGENT**

**04/11/2025**

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

\_\_\_\_\_  
Date