

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27469

**Entity Name:** MICHIGAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 13, 2014**  
**Secretary of State**  
**CC7398562858**

**Current Principal Place of Business:**

1925 EAST MICHIGAN STREET, STE. 201  
ORLANDO, FL 32806

**Current Mailing Address:**

1925 EAST MICHIGAN STREET, STE. 201  
ORLANDO, FL 32806 US

**FEI Number: 65-0113789**

**Certificate of Status Desired: No**

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

ALONSO, RICARDO  
1925 EAST MICHIGAN STREET  
ORLANDO, FL 32806 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 VT  
Name RIVERON, MARIO  
Address 240 ROLLINGWOOD TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL

Title PS  
Name ALONSO, RICARDO  
Address 1925 EAST MICHIGAN STREET  
City-State-Zip: ORLANDO FL 32806

Title D  
Name ALONSO, MARINGELES  
Address 1152 CHARMING ST  
City-State-Zip: MAITLAND FL

Title D  
Name RIVERON, HELIODORA  
Address 240 ROLLINGWOOD TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL

*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: RICARDO ALONSO**

**PRESIDENT**

**02/13/2014**

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

\_\_\_\_\_  
Date