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.

PDT

SIGNATURE: MARTIN, BELKYS

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail ·

Title	VP	Title	TREASURER, PRESIDENT	
Name	RAMOS, MIRIAM	Name	MARTIN, BELKYS	
Address	PO BOX 160698	Address	PO BOX 160698	
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016	
Title	SECRETARY	Title	DIRECTOR	
Name	MACHADO, OMAIDA	Name	MAZOLA, MARITZA	
Address	PO BOX 160698	Address	PO BOX 160698	
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016	

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.

Current Mailing Address:

Name and Address of Current Registered Agent:

SIGNATURE: FRANK PEREZ-SIAM, P.A.

PEREZ-SIAM, P.A., FRANK P 7001 SW 87TH COURT OFFICE MIAMI, FL 33173 US

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300005028

Entity Name: LOS ARBOLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1900 WEST 68TH CONDO OFFICE HIALEAH, FL 33014

PO BOX 160698 HIALEAH, FL 33016 US

FEI Number: 65-0487339

Electronic Signature of Registered Agent

Certificate of Status Desired: No

FILED Mar 12, 2024 Secretary of State 3473731927CC

> 03/12/2024 Date

03/12/2024 Date