## 2016  FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001238

**Entity Name:** THE PAVILION CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.

**Current Principal  Place of Business:**

5601 COLLINS AVE.
MIAMI BEACH, FL  33140

**Current Mailing Address:**

5601 COLLINS AVE.
MIAMI BEACH,  FL  33140

**FEI Number: 65-0507316**

**Certificate of Status Desired:** No

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

DE LA CAMARA, ROSA M.  ESQ.
121 ALHAMBRA PLAZA
 10TH FLOOR
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:   ROSA M. DE LA CAMARA                                    02/15/2016

Electronic Signature of Registered Agent                                             Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | P | Title | VP |
| Name | VALIÑO, OSVALDO | Name | LEIVA, JORGE |
| Address | 5601 COLLINS AVENUE CU 10 | Address | 5601 COLLINS AVENUE 805 |
| City-State-Zip: | MIAMI BEACH  FL  33140 | City-State-Zip: | MIAMI BEACH  FL  33140 |
| Title | T | Title | SECRETARY |
| Name | IGNATTI, NORBERTO | Name | HERNANDEZ LEAL, ENA |
| Address | 5601 COLLINS AVENUE 606 | Address | 5601 COLLINS AVENUE M8 |
| City-State-Zip: | MIAMI BEACH  FL  33140 | City-State-Zip: | MIAMI BEACH  FL  33140 |
| Title | D. | Title | D |
| Name | MEI, CARLOS A | Name | SARDINAS, JOSE |
| Address | 5601 COLLINS AVE. 1515 | Address | 5601 COLLINS AVE. 1402 |
| City-State-Zip: | MIAMI BEACH  FL  33140 | City-State-Zip: | MIAMI BEACH  FL  33140 |
| Title | D | | |
| Name | GARBARZ, ARIEL | | |
| Address | 5601 COLLINS AVE. 1221 | | |
| City-State-Zip: | MIAMI BEACH  FL  33140 | | |

*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: ENA HERNANDEZ LEAL                      SECRETARY                      02/15/2016

Electronic Signature of Signing Officer/Director Detail                                             Date