

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003202

Entity Name: SANS SOUCI CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**11960 NE 19 DR.
OFFICE BOX
NORTH MIAMI, FL 33181**Current Mailing Address:**11960 NE 19 DR.
OFFICE BOX
NORTH MIAMI, FL 33181**FEI Number:** 65-0510327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALZADA, OSVALDO
611 NW 5TH ST
MIAMI, FL 33128 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:** OSVALDO CALZADA

02/07/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ORTIZ, ZENaida
Address 11960 NE 19 DR #27
City-State-Zip: NORTH MIAMI FL 33181

Title VP
Name MANGUAL, NELSON
Address 11930 NE 19TH DR
APT 26
City-State-Zip: NORTH MIAMI FL 33181

Title SECRETARY
Name CALZADA , OSVALDO
Address 611 NW 5TH ST
City-State-Zip: MIAMI FL 33128

Title TREASURER
Name MIRANDA, JANET
Address 11925 NE 19TH DR
APT 5
City-State-Zip: NORTH MIAMI FL 33181

Title D
Name PEREZ, ISABEL
Address 11930 NE 19TH DR
APT 12
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name MONTOYA, JESSY A
Address 11945 NE 19TH DR
APT 6
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name FLOR, ISRAEL
Address 2141NE 183 ST
City-State-Zip: NORTH MIAMI BEACH FL 33179

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: ZENaida ORTIZ

PRESIDENT

02/07/2017

Electronic Signature of Signing Officer/Director Detail

Date