

2021 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 US**FEI Number:** 65-0510327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORTIZ, ZENAIDA
11960 NE 19 DR
#27
NORTH MIAMI, FL 33181 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	PD
Name	ORTIZ, ZENAIDA
Address	11960 NE 19 DR #27
City-State-Zip:	NORTH MIAMI FL 33181
Title	SECRETARY / TREASURER
Name	MONTOYA, JESSY A SEC/TREASURER
Address	11945 NE 19TH DR APT 6
City-State-Zip:	NORTH MIAIMI FL 33181
Title	V
Name	BUITRAGO, ANA I
Address	2315 OVERBROOK ST
City-State-Zip:	MIAMI FL 33133
Title	D
Name	URIBE, EDUARADO
Address	2150 SANS SOUCI BLVD #505
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	FLOR, ISRAEL
Address	2141NE 183 ST
City-State-Zip:	NORTH MIAMI BEACH FL 33179
Title	D
Name	IRANEZ, NATALIA
Address	12555 BISCAYNE BLV PMB 873
City-State-Zip:	N MIAMI FL 33181

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****02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date