

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

DOCUMENT# N98000005026

**Entity Name:** THE METROPOLITAN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC5699794976**

**Current Principal Place of Business:**

C/O 2475 BRICKELL AVE  
6TH FLOOR  
MIAMI, FL 33129

**Current Mailing Address:**

C/O 2475 BRICKELL AVE  
6TH FLOOR  
MIAMI, FL 33129

**FEI Number: 65-1011062**

**Certificate of Status Desired: No**

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

PROPERTY MANAGEMENT SERVICES CORP.  
7370 SW 48 STREET  
MIAMI, FL 33155 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           DIRECTOR  
Name           CUESTA, ERNESTO  
Address        2475 BRICKELL AVE., #1203  
City-State-Zip: MIAMI FL 33129

Title           PRESIDENT  
Name           THOMAS, PATE J  
Address        2475 BRICKELL AV, # 2707  
City-State-Zip: MIAMI FL 33129

Title           T  
Name           MORALES, SANTIAGO R  
Address        2475 BRICKELL AVE #1902  
City-State-Zip: MIAMI FL 33129

Title           SECRETARY  
Name           ARAN, MAIA  
Address        2475 BRIKELL AVENUE  
                  #1204  
City-State-Zip: MIAMI FL 33129

Title           VP  
Name           KARTSONAKIS, MARY  
Address        2475 BRICKELL AVENUE  
                  #706  
City-State-Zip: MIAMI FL 33129

*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: ERNESTO CUESTA**

**DIRECTOR**

**02/26/2014**

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

\_\_\_\_\_  
Date