## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048493

Entity Name: PINES PROFESSIONAL CAMPUS AT SILVER LAKES

CONDOMINIUM ASSOCIATION, INC.

**FILED** Feb 12, 2015 **Secretary of State** CC2226433963

## **Current Principal Place of Business:**

17900 N.W. 5TH STREET SUITE 203-B PEMBROKE PINES, FL 33029

## **Current Mailing Address:**

17900 N.W. 5TH STREET SUITE 203-B PEMBROKE PINES, FL 33029

FEI Number: 65-0855341 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CASTILLO, SIXTA 17900 N.W. 5TH STREET SUITE 203-B PEMBROKE PINES, FL 33029 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: SIXTA CASTILLO 02/12/2015

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title Title **TREASURER** DIAZ, OSMANI SECRET CASTILLO, SIXTA Name Name

17900 NW 5TH STREET STE 203-B Address Address 17900 NW 5TH STREET STE 203-B PEMBROKE PINES FL 33029 City-State-Zip:

City-State-Zip: PEMBROKE PINES FL 33029

Title **PRESIDENT** Name COVOS, DAVID

Address 117900 NW 5 ST. STE. 203-B City-State-Zip: PEMBROKE PINES FL 33029

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SIXTA CASTILLO Electronic Signature of Signing Officer/Director Detail

REGISTERED AGENT

02/12/2015