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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720563

1. Corporation Name

MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
6039 COLLINS AVE.
MIAMI BEACH FL 33140

Mailing Address
6039 COLLINS AVE.
MIAMI BEACH FL 33140



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
03/23/1971

4. FEI Number
59-1377619

Applied For
Not Applicable -

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HYMAN, MICHAEL
44 W. FLAGLER STREET
14TH FLOOR
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **KAMLET, MORTON**
STREET ADDRESS **6039 COLLINS AVE**
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **D** ☒ DELETE

NAME **LEFKOVICH, LOIS**
STREET ADDRESS **6039 COLLINS AVE, #1732**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☐ DELETE

NAME **ALZUGARAY, HECTOR**
STREET ADDRESS **6039 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **S** ☒ DELETE

NAME **GOMEZ, SARA**
STREET ADDRESS **6039 COLLINS AVE, #1425**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **T** ☒ DELETE

NAME **SABO, SALOMON**
STREET ADDRESS **6039 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE

NAME **RUBIN, ASHER**
STREET ADDRESS **6039 COLLINS AVE, #701**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **PRESIDENT**
1.3 STREET ADDRESS **MARCELO CURI**
1.4 CITY-ST-ZIP **6039 COLLINS AVE**
MIAMI BEACH, FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V. PRESIDENT**
2.3 STREET ADDRESS **HECTOR ALZUGARAY**
6039 COLLINS AVE
MIAMI BEACH, FL 33140

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Treasurer**
3.3 STREET ADDRESS **VICTORIA WEDENBERGER**
6039 Collins Ave
MIAMI BEACH, FL 33140

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Secy**
4.3 STREET ADDRESS **DURAN ECHEGAYEN**
6039 Collins Ave
M. B. FL 33140

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **DIRECTOR**
5.3 STREET ADDRESS **URBANO BENITO**
6039 Collins Ave
M. B. FL 33140

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D.**
6.3 STREET ADDRESS **Henry Kay**
6039 Collins Ave
M. B. FL 33140

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 865-4247

Date

Daytime Phone #

CR2E037 (11/98)