

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Nov 30, 2012  
Secretary of State**

DOCUMENT# N03000008226

**Entity Name:** MAYFAIR VILLAS CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.**Current Principal Place of Business:**824-826 JEFFERSON AVE  
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**18350 NW 2ND AVENUE  
SUITE 312  
MIAMI GARDENS, FL 33169**New Mailing Address:**C/O AMERICAN PROP. MGMT. SPC.  
PO BOX 191042  
MIAMI BEACH, FL 33119

FEI Number: 20-1121536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**REID, MELVIN T  
18350 NW 2ND AVENUE  
SUITE 312  
MIAMI GARDENS, FL 33169 US**Name and Address of New Registered Agent:**AMERICAN PROPERTY MANAGEMENT SPECIALISTS  
1370 WASHINGTON AVE.  
SUITE 203  
MIAMI BEACH, FL 33139 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: KRISTINA MANGOLD

11/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D  
Name: TRAUB, TERE  
Address: 824 JEFFERSON AVE #1  
City-St-Zip: MIAMI BEACH, FL 33139Title: D  
Name: VAN VLIERBERGHE, SANDRINE  
Address: 826 JEFFERSON AVE #4  
City-St-Zip: MIAMI BEACH, FL 33139Title: D  
Name: ULLMAN, DAVID C  
Address: 826 JEFFERSON AVE #5  
City-St-Zip: MIAMI BEACH, FL 33139Title: D  
Name: BJORNAALI, JON  
Address: 824 JEFFERSON AVENUE #3  
City-St-Zip: MIAMI BEACH, FL 33139Title: D  
Name: CARLETTI, MATTIA  
Address: 824 JEFFERSON AVENUE #2  
City-St-Zip: MIAMI BEACH, FL 33139Title: DCAM  
Name: MANGOLD, KRISTINA  
Address: PO BOX 191042  
City-St-Zip: MIAMI BEACH, FL 33139

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: KRISTINA MANGOLD

DCAM

11/30/2012

Electronic Signature of Signing Officer or Director

Date