

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90341 036 \*\*\*\*61.25

**DOCUMENT # 714234**

1. Entity Name  
919 MICHIGAN CONDOMINIUM, INC.



Principal Place of Business  
919 MICHIGAN CONDOMINIUM, INC.  
919 MICHIGAN AVENUE  
MIAMI BEACH, FL 33139-5333

Mailing Address  
919 MICHIGAN CONDOMINIUM, INC.  
919 MICHIGAN AVENUE  
MIAMI BEACH, FL 33139-5333

13019010



2. Principal Place of Business  
919 Michigan Ave.  
Suite, Apt. #, etc.  
City & State  
MIAMI BEACH FL  
Zip  
33139  
Country  
U.S.A.

3. Mailing Address  
309-23rd Street  
Suite, Apt. #, etc.  
#3B  
City & State  
MIAMI BEACH FL  
Zip  
33139  
Country  
U.S.A.

04212004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2044560  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MANRESA, ALEXI  
919 MICHIGAN AVE  
5  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent  
Name  
Regatta REAL Estate Mgmt. Inc  
Street Address (P.O. Box Number is Not Acceptable)  
309-23rd Street, STE #3B  
City  
MIAMI BEACH FL  
Zip Code  
33139

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MANRESA, ALEXI	
STREET ADDRESS	919 MICHIGAN AVE 5	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELLENSWEIG, FRED	
STREET ADDRESS	919 MICHIGAN AVE #3	
CITY-ST-ZIP	MIAMI BCH, FL 00000,	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZAVOS, LISA	
STREET ADDRESS	919 MICHIGAN AVE #10	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHRISTINA NEST	
STREET ADDRESS	919 Michigan Ave # 11	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.D.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA ZAVOS

4/25/2004

Date

305 672 2567

Daytime Phone #