# 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: ANNE STAFFORD

Electronic Signature of Signing Officer/Director Detail

# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706869** 

Entity Name: MICHIGAN MANOR CONDOMINIUM INC

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

**1590 MICHIGAN AVENUE** MIAMI BEACH. FL 33139

## **Current Mailing Address:**

**1590 MICHIGAN AVENUE** MIAMI BEACH. FL 33139 US

# FEI Number: 65-0011492

# Name and Address of Current Registered Agent:

STAFFORD, ANNE 8227 LAKEVIEW DR WEST PALM BEACH, FL 33412 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: ANNE STAFFORD

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title PD Name STAFFORD, ANNE Address 8227 LAKEVIEW DR City-State-Zip: WEST PALM BEACH FL 33412

02/15/2017 Date

02/15/2017 Date

# FILED Feb 15, 2017 Secretary of State CC2354837401

Certificate of Status Desired: No

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