

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710583

**Entity Name:** 1820 JAMES AVENUE, INC. A CONDOMINIUM**Current Principal Place of Business:**1820 JAMES AVENUE  
MIAMI BEACH, FL 33139**Current Mailing Address:**765 41ST STREET  
MIAMI BEACH, FL 33140 US**FEI Number:** 59-1153744**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENNETT, JOAN  
765 41ST STREET  
MIAMI BEACH, FL 33140 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LINDSEY, DAVID  
Address 1820 JAMES AVENUE  
4D  
City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT, DIRECTOR  
Name VAIL, ERIK  
Address 1820 JAMES AVENUE  
5D  
City-State-Zip: MIAMI BEACH, FL 33139

Title SECRETARY  
Name VELANDER,, KAREN DR.  
Address 1820 JAMES AVENUE  
2 A  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name THOMAS, ERICSON  
Address 1820 JAMES AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name ERICSON, THOMAS  
Address 1820 JAMES AVENUE # 4A  
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER, DIRECTOR  
Name ASSOR, PHILIPPE  
Address 1820 JAMES AVENUE  
APT. 5C  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name COLAK, MATOS  
Address 1820 JAMES AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name FERRIS, GEORGE D  
Address 1820 JAMES AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

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*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:** ERIK VAIL**PRESIDENT****02/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GRIEGO, MYRNA  
Address 1820 JAMES AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name RAMIREZ, ELDA  
Address 1820 JAMES AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name SEYMOUR, ANDREA  
Address 1820 JAMES AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name MEDINA, ELIZABETH  
Address 1820 JAMES AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name RUIZ, DORA  
Address 1820 JAMES AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name TIRADO, ANNA L DR  
Address 1820 JAMES AVENUE  
City-State-Zip: MIAMI BEACH FL 33139