

**2022 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:**

655 W. FLAGLER ST.  
SUITE 207  
MIAMI , FL 33130 US

**FEI Number:** 59-1153744

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EUROPEAN AMERICAN PROPERTY SERVICES, LLC  
655 W. FLAGLER ST.  
SUITE 207  
MIAMI , FL 33130 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:** HERI KLETZENBAUER

04/30/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name FERRIS, GEORGE D  
Address 1820 JAMES AVENUE #4C  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name MEDINA, ELIZABETH  
Address 1820 JAMES AVENUE #5A  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name SEYMOUR, ANDREA  
Address 1820 JAMES AVENUE #4E  
City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT  
Name TIRADO, ANNA L DR  
Address 1820 JAMES AVENUE #3F  
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER  
Name CAMACHO, JOSE  
Address 1820 JAMES AVENUE #3A  
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:** ANNA L DR. TIRADO

PRESIDENT

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RAMIREZ, LIZ  
Address        1820 JAMES AVENUE #2F  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR  
Name           DE JESUS, CARMEN  
Address        1820 JAMES AVENUE #6F  
City-State-Zip: MIAMI BEACH FL 33139