2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2017
Secretary of State
CC3770458180

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

Continues on page 2

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