

2018 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 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

Title 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 DIRECTOR
Name GRIEGO, MYRNA
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: ANNA L. TIRADO DR.**PRESIDENT****02/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 CAMACHO, JOSE
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 PRESIDENT
Name TIRADO, ANNA L DR
Address 1820 JAMES AVENUE
City-State-Zip: MIAMI BEACH FL 33139