

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714234

Entity Name: 919 MICHIGAN CONDOMINIUM, INC.**Current Principal Place of Business:**919 MICHIGAN AVE
MIAMI BEACH, FL 33139**Current Mailing Address:**333 ARTHUR GODFREY RD
SUITE 614
MIAMI BEACH, FL 33140 US**FEI Number:** 59-2044560**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHILIPPE LAMERY C/O SOBE MANAGEMENT
333 ARTHUR GODFREY RD
SUITE 614
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:** PHILIPPE LAMERY

01/04/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------------------------|
| Title | TREASURER |
| Name | ALVAREZ, NAPOLEON |
| Address | 333 ARTHUR GODFREY RD. SUITE 614 |
| City-State-Zip: | MIAMI BEACH FL 33140 |

| | |
|-----------------|-------------------------------------|
| Title | PRESIDENT |
| Name | MANRESA, ALEXI |
| Address | 333 ARTHUR GODFREY RD. SUITE 614 |
| City-State-Zip: | MIAMI BEACH FL 33140 |

| | |
|-----------------|-------------------------------------|
| Title | SECRETARY |
| Name | ZAVOS, LISA |
| Address | 333 ARTHUR GODFREY RD. SUITE 614 |
| City-State-Zip: | MIAMI BEACH FL 33140 |

| | |
|-----------------|--|
| Title | CAM / PROPERTY MANAGER |
| Name | SOBE MANAGEMENT C/O PHILIPPE LAMERY |
| Address | 333 W 41ST STREET SUITE 614 |
| City-State-Zip: | MIAMI BEACH FL 33140 |

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: AGATA GOGOLEWSKA

CAM

01/04/2023

Electronic Signature of Signing Officer/Director Detail

Date