#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 725521** 

Entity Name: MIAMI SHORES CONDOMINIUM ASSOCIATION INC

FILED
Jan 25, 2021
Secretary of State
3986985968CC

### **Current Principal Place of Business:**

9020 NE 8TH AVENUE MIAMI SHORES, FL 33138

#### **Current Mailing Address:**

PO BOX 122015

FORT LAUDERDALE . FL 33312 US

FEI Number: 59-1484538 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

TDSUNSHINE PROPERTY MANAGEMENT COMPANY 8181 WEST BROWARD BLVD.
SUITE 380

PLANTATION, FL 33324 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: TDSUNSHINE PROPERTY MANAGEMENT

01/25/2021

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title PRESIDENT Title VP

NameFICKETT, DANIELNameRAMIREZ, HAYDEEAddressPO BOX 122015AddressPO BOX 122015

City-State-Zip: FORT LAUDERDALE FL 33312 City-State-Zip: FORT LAUDERDALE FL 33312

Title SECRETARY Title DIRECTOR

Name MYERS, KATHLEEN Name BRAMBLETTE, SARAH

Address PO BOX 122015 Address PO BOX 122015

City-State-Zip: FORT LAUDERDALE FL 33312 City-State-Zip: FORT LAUDERDALE FL 33312

TitleTREASURERTitleDIRECTORNameHACKETT, CHRISTINENameKEYES, ASHLIE

Address PO BOX 122015 Address PO BOX 122015

City-State-Zip: FORT LAUDERDALE FL 33312 City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR

Name MUNOZ CURIEL, ELADIO

Address PO BOX 122015

City-State-Zip: FORT LAUDERDALE FL 33312

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: ASHLIE KEYES DIRECTOR 01/25/2021

Electronic Signature of Signing Officer/Director Detail

Date