

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725521

**Entity Name:** MIAMI SHORES CONDOMINIUM ASSOCIATION INC

**FILED**  
**Feb 05, 2020**  
**Secretary of State**  
**1631669607CC**

**Current Principal Place of Business:**

9020 NE 8TH AVENUE  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

1234 WASHINGTON AVE  
SUITE 305  
MIAMI BEACH, FL 33139 US

**FEI Number:** 59-1484538

**Certificate of Status Desired:** No

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

TUCKER AND TIGHE P.A.  
800 EAST BROWARD BLVD.  
#710 CUMBERLAND BLVD.  
FT LAUDERDALE, FL 33301 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           TREASURER  
Name           MIMS, VICTOR  
Address        9020 NE 8TH AVENUE  
City-State-Zip: MIAMI SHORES FL 33138

Title           PRESIDENT  
Name           FICKETT, DANIEL  
Address        9020 NE 8TH AVENUE  
City-State-Zip: MIAMI SHORES FL 33138

Title           SEC  
Name           RAMIREZ, HAYDEE  
Address        9020 NE 8TH AVENUE  
City-State-Zip: MIAMI SHORES FL 33138

Title           DIR  
Name           MYERS, KATHLEEN  
Address        9020 NE 8TH AVENUE  
City-State-Zip: MIAMI SHORES FL 33138

Title           DIRECTOR  
Name           LYNCH, MICHAEL  
Address        9020 N E 8 AVE  
City-State-Zip: MIAMI SHORES FL 33138

Title           VP  
Name           HACKETT, CHRISTINE  
Address        9022 NE 8 AVE  
City-State-Zip: MIAMI SHORES FL 33138

Title           DIRECTOR  
Name           RASTELLI, GUILLERMO  
Address        9020 NE 8 AVE  
City-State-Zip: MIAMI SHORES FL 33138

*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:** FICKETT , DANIEL

**PRESIDENT**

**02/05/2020**

Electronic Signature of Signing Officer/Director Detail

Date