### 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: JEFFERY STOKOLS PRESIDENT

# Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail ·

Officer/Director Detail :				
Title	PRES	Title	TREASURER	
Name	STOKOLS, JEFFERY	Name	KOEBERNIK, HEINZ	
Address	9 ISLAND AVE.	Address	9 ISLAND AVE.	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	
Title	SECRETARY	Title	VP	
Name	LESNIAK, RENETTA	Name	BARTON, BRIAN	
Address	9 ISLAND AVE.	Address	9 ISLAND AVE	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	
Title	DIR			
Name	PESKOE, MICHAEL			
Address	9 ISLAND AVE			

# Electronic Signature of Registered Agent

City-State-Zip: MIAMI BEACH FL 33139

SIGNATURE:

Number: 59-2196288	
ne and Address of Current Registered Ag	je

MIAMI BEACH, FL 33139

### 9 ISLAND AVENUE, BELLE ISLE OFFICE MIAMI BEACH, FL 33139

### Nam ent:

HYMAN & MARS, LLP **150 WEST FLAGLER STREET** TWENTY-SEVENTH FLOOR MIAMI, FL 33130 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.

# **Current Principal Place of Business:**

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: NINE ISLAND AVENUE CONDOMINIUM ASSOCIATION, INC.

9 ISLAND AVENUE, BELLE ISLE

OFFICE

DOCUMENT# 760169

# **Current Mailing Address:**

## FEI

Certificate of Status Desired: No



## FILED Mar 14, 2013 Secretary of State CC5969263151

03/14/2013

Date

Date