## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 760169** 

Entity Name: NINE ISLAND AVENUE CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 30, 2022 **Secretary of State** 0457888328CC

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

9 ISLAND AVENUE, BELLE ISLE

OFFICE

MIAMI BEACH, FL 33139

## **Current Mailing Address:**

9 ISLAND AVENUE, BELLE ISLE **OFFICE** 

MIAMI BEACH, FL 33139 US

FEI Number: 59-2196288 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

HALPERN, MARK 355 ALHAMBRA CIRCLE **CORAL GABLES SUITE 1101** CORAL GABLES, FL 33134 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: MARK HALPERN 03/30/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT

DIFFENDERFER, GLENN SCOTT SOLER, JOSE Name Name Address

9 ISLAND AVE. 9 ISLAND AVE. Address 1501 1903

MIAMI BEACH FL 33139 City-State-Zip:

City-State-Zip: MIAMI BEACH FL 33139

Title **TREASURER** Title **SECRETARY** 

Name SERTEL, KARLA Name MULLAHY, NANCY

Address 9 ISLAND AVE. Address 9 ISLAND AVE 1703 610 / 1010

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR

ORLOWSKY, JAMES Name

9 ISLAND AVE Address

1414

City-State-Zip: MIAMI BEACH FL 33139

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: GLENN SCOTT DIFFENDERFER

**PRESIDENT** 

03/30/2022