

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001484

**Entity Name:** THE COSMOPOLITAN RESIDENCES ON SOUTH BEACH  
CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 20, 2015**  
**Secretary of State**  
**CC9391767003**

**Current Principal Place of Business:**

110 WASHINGTON AVENUE  
MANAGEMENT OFFICE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

110 WASHINGTON AVENUE  
MANAGEMENT OFFICE  
MIAMI BEACH, FL 33139

**FEI Number: 65-1110451**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE, SUITE #1102  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BARRINEAU, MICHAEL  
Address        110 WASHINGTON AVE #1613  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR  
Name           MANZANO, GLEN  
Address        110 WASHINGTON AVE #1806  
City-State-Zip: MIAMI BEACH FL 33139

Title           PRESIDENT  
Name           SCIAMMAS, FRED  
Address        110 WASHINGTON AVENUE #2607  
City-State-Zip: MIAMI BEACH FL 33139

Title           S  
Name           KOSTER, CAROL  
Address        110 WASHINGTON AVENUE #1319  
City-State-Zip: MIAMI BEACH FL 33139

Title           VP  
Name           WERTHEIM, STANLEY  
Address        110 WASHINGTON AVENUE #2401  
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: FRED SCIAMMAS**

**PRESIDENT**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date