## DOCUMENT# N03000008226 Entity Name: MAYFAIR VILLAS CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

824-826 JEFFERSON AVE MIAMI BEACH, FL 33139

## **Current Mailing Address:**

C/O AMERICAN PROP. MGMT. SPC. PO BOX 191042 MIAMI BEACH, FL 33119

## FEI Number: 20-1121536

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

AMERICAN PROPERTY MANAGEMENT SPECIALISTS 1370 WASHINGTON AVE. SUITE 203 MIAMI BEACH, FL 33139 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

#### **Officer/Director Detail :**

	Title	D, PRESIDENT	Title	D, TREASURER
	Name	TRAUB, TERE	Name	ULLMAN, DAVID C
	Address	824 JEFFERSON AVE #1	Address	826 JEFFERSON AVE #5
	City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139
	Title	LCAM	Title	LCAM
	Title Name	LCAM C MANGOLD, KRISTINA	Title Name	LCAM VELAZQUEZ, ANDREA
	Name	C MANGOLD, KRISTINA	Name	VELAZQUEZ, ANDREA

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.

LCAM

#### SIGNATURE: KRISTINA C MANGOLD

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 30, 2016 Secretary of State CC6029770781

Certificate of Status Desired: No

Date