

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008226

**Entity Name:** MAYFAIR VILLAS CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**6999114540CC**

**Current Principal Place of Business:**

824-826 JEFFERSON AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O AMERICAN PROPERTY MANAGEMENT OF MIAMI BEACH  
PO BOX 191042  
MIAMI BEACH, FL 33119 US

**FEI Number: 20-1121536**

**Certificate of Status Desired: No**

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

AMERICAN PROPERTY MANAGEMENT OF MIAMI BEACH  
1370 WASHINGTON AVE.  
SUITE 214  
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: ANDREA VELAZQUEZ**

**04/30/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, PRESIDENT  
Name TRAUB, TERE  
Address 824 JEFFERSON AVE #1  
City-State-Zip: MIAMI BEACH FL 33139

Title D, TREASURER  
Name ULLMAN, DAVID C  
Address 826 JEFFERSON AVE #5  
City-State-Zip: MIAMI BEACH FL 33139

Title LCAM  
Name VELAZQUEZ, ANDREA  
Address PO BOX 191042  
City-State-Zip: MIAMI BEACH FL 33119

Title DIRECTOR, SECRETARY  
Name FULLER, ERIC  
Address 824 MICHIGAN AVE #3  
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: ANDREA VELAZQUEZ**

**LCAM**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date