

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

DOCUMENT# N03000008226

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

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC8295535160**

**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**

**Certificate of Status Desired: No**

**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

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            C MANGOLD, KRISTINA  
Address        PO BOX 191042  
City-State-Zip: MIAMI BEACH FL 33119

*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: KRISTINA C MANGOLD**

**LCAM**

**05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date