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: ANDREA VELAZQUEZ

Electronic Signature of Signing Officer/Director Detail

C/O MQM

PO BOX 191042 MIAMI BEACH, FL 33119 US

#### FEI Number: 20-0396175

**Current Mailing Address:** 

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

MIAMI QUALITY MANAGEMENT 1370 WASHINGTON AVENUE SUITE 207 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.

SIGNATURI	E: A VELAZQUEZ			04/28/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ector Detail :			
Title	DIRECTOR, TREASURER	Title	PD	
Name	PINTER, SHARON	Name	BAHADORAN, SINA	
Address	1037 MICHIGAN AVENUE	Address	1025 MICHIGAN AVE #5	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	
Title	LCAM			
Name	VELAZQUEZ, ANDREA			
Address	PO BOX 191042			
City-State-Zip:	MIAMI BEACH FL 33119			

Certificate of Status Desired: No

FILED Apr 28, 2024 Secretary of State 6071466081CC

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009701

Entity Name: VILLA LUCCA CONDOMINIUM ASSOCIATION, INC.

### Current Principal Place of Business:

1025, 1027, 1037, 1045 MICHIGAN AVENUE MIAMI BEACH, FL 33139

# n, rl 33139

Date

04/28/2024