

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004411

**Entity Name:** MIAMI BEACH ART DECO WEEKEND, INC.

**Current Principal Place of Business:**

1001 OCEAN DRIVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

PO BOX 190180  
MIAMI BEACH, FL 33119-0180 US

**FEI Number:** 59-1788634

**Certificate of Status Desired:** No

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

PYNES, STEVE  
4581 POST AVENUE  
MIAMI BEACH, FL 33140 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 DIRECTOR  
Name FLORIAN, MEG  
Address 1198 VENETIAN WAY #211  
City-State-Zip: MIAMI BEACH FL 33139

Title VC  
Name PYNES, STEVE  
Address 4581 POST AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title SECRETARY  
Name FORBES, JOHN  
Address 4565 PONCE DE LEON BLVD  
100  
City-State-Zip: CORAL GABLES FL 33146

Title TREASURER  
Name BACHAY, JOHN  
Address 9328 NE 9 AVENUE  
City-State-Zip: MIAMI SHORES FL 33138

Title CHAIRMAN  
Name BAKKUM, LORI  
Address 1446 LENOX AVE  
#5  
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:** LORI BAKKUM

CHAIRMAN

03/16/2016

Electronic Signature of Signing Officer/Director Detail

Date