

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006259

**FILED**  
**Feb 03, 2017**  
**Secretary of State**  
**CC6391411706**

**Entity Name:** 401 BLU OF NORTH BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

401 69TH STREET  
MANAGEMENT OFFICE  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

401 69TH STREET  
MANAGEMENT OFFICE  
MIAMI BEACH, FL 33141

**FEI Number:** 20-2138920

**Certificate of Status Desired:** Yes

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

ASSOCIATION LAW GROUP, P.L.  
1200 BRICKELL AVE  
STE PH 2000  
MIAMI, FL 33131 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            PRESIDENT  
Name            FISH, BRUCE  
Address        401 69TH STREET  
                  MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33141

Title            SECRETARY  
Name            PO, GUIDO SR.  
Address        401 69TH STREET  
                  MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33141

Title            VP  
Name            BAKAL, JACK  
Address        401 69TH STREET  
                  MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33141

*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:** BRUCE FISH

**PRESIDENT**

**02/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date