oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec	cute this report as required by Chapter 617, Flo	rida Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: SAYROO, ROHAN	PD	04/23/2014

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

\_\_\_\_\_

DOCUMENT# N04000007619

Entity Name: THE ARMSTRONG CONDOMINIUM ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

1225-1227-1229 EUCLID AVENUE MIAMI BEACH, FL 33139

### **Current Mailing Address:**

747 4TH STREET SUITE 200 MIAMI BEACH, FL 33119 US

# FEI Number: 65-0969149

### Name and Address of Current Registered Agent:

LANDA-POSADA PA 2151 LEJEUNE RD SUITE 200 CORAL GABLES, FL 33134 US

City-State-Zip: MIMAI BEACH FL 33139

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: LANDA-POSADA PA Electronic Signature of Registered Agent Officer/Director Detail : Title T/D Title PD

litle	I/D	litle	PD
Name	RYAN, CULLEN M	Name	SAYROO, ROHAN
Address	747 4TH ST SUITE 200	Address	747 4TH ST SUITE 200
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139
Title	S/D		
Name	CHIERICI, SIMON		
Address	747 4TH ST SUITE 200		

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

FILED Apr 23, 2014 Secretary of State CC5641189036

> 04/23/2014 Date

> > Date