2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0500001395

Entity Name: 601 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

601 MICHIGAN AVE MIAMI BEACH, FL 33139

Current Mailing Address:

C/O MAXWELL MANAGEMENT CORPORATION 1521 ALTON ROAD, 703 MIAMI BEACH, FL 33139 US

FEI Number: 20-1481169

Name and Address of Current Registered Agent:

MAXWELL MANAGEMENT CORPORATION C/O MAXWELL MANAGEMENT CORPORATION 1521 ALTON ROAD, 703 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 | E: EDNA MAXWELL | | | 12/06/2016 |
|---------------------------|--|-----------------|------------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | VP, SECRETARY, DIRECTOR | Title | P, DIRECTOR | |
| Name | VEZOLLES, CELESTE | Name | AHMED, ALASHWAH | |
| Address | 2642 COLLINS AVENUE APT 507 | Address | 601 MICHIGAN AVENUE APT 2 | |
| City-State-Zip: | MIAMI BEACH FL 33140 | City-State-Zip: | MIAMI BEACH FL 33139 | |
| Title | TREASURER, DIRECTOR | | | |
| Name | MARLETTE, LYNNE | | | |
| Address | 7553 SAVANNAH LANE | | | |
| City-State-Zip: | LAKE WORTH FL 33463 | | | |

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: AHMED ALASHWAH

12/06/2016

Electronic Signature of Signing Officer/Director Detail

FILED Dec 06, 2016 Secretary of State CC9838637894

Certificate of Status Desired: No

PRESIDENT