

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003107

Entity Name: ARTECITY PARK MASTER ASSOCIATION, INC.**Current Principal Place of Business:**435 21 STREET
MIAMI BEACH, FL 33139**Current Mailing Address:**435 21 STREET
MIAMI BEACH, FL 33139 US**FEI Number:** 26-1161169**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 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:** GARY MARS, ESQ.

04/04/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CIROCCO, VIRGINIA
Address 435 21ST STREET SUITE #2
City-State-Zip: MIAMI BEACH FL 33139

Title VP
Name ARIYANAYAKAM, RAMESH
Address 435 21ST STREET SUITE #2
City-State-Zip: MIAMI BEACH FL 33139

Title SECRETARY
Name GRAHAM, THOMAS
Address 435 21ST STREET SUITE #2
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER
Name NATHANIAL, PETER
Address 435 21ST STREET SUITE #2
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name GUDAITIS, CHRISTINE
Address 435 21ST STREET SUITE #2
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: VIRGINIA CIROCCO

PRESIDENT

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date