1341 15TH STF MIAMI BEACH,				
Current Mai	ling Address:			
P.O. BOX 14 CORAL GAE	1307 BLES, FL 33114 US			
FEI Number: 20-1011886		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
FISCHMAN, PA 145 MADEIRA SUITE 208 CORAL GABLE				
The above name	I entity submits this statement for the purpose of changing its re	winterned affine an unatio	tanad amount an bath in the Otata of Fl	
		gistered office or regis	tered agent, or both, in the State of Fi	orida.
	PAUL FISCHMAN	gisterea onice or regis	tered agent, or both, in the State of Fil	04/28/2017
		gisterea onice or regis	tered agent, or both, in the State of Fil	
	Electronic Signature of Registered Agent	gisterea onice or regis	terea agent, or both, in the State of Fil	04/28/2017
SIGNATURE	Electronic Signature of Registered Agent	Title	TREASURER	04/28/2017
SIGNATURE Officer/Dire	PAUL FISCHMAN Electronic Signature of Registered Agent ctor Detail :			04/28/2017
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	TREASURER	04/28/2017
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT OUANOUNOU, CHARLES P.O. BOX 141307	Title Name	TREASURER BALFOUR, JASON P.O. BOX 141307	04/28/2017
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT OUANOUNOU, CHARLES P.O. BOX 141307	Title Name Address	TREASURER BALFOUR, JASON P.O. BOX 141307	04/28/2017
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E PAUL FISCHMAN Electronic Signature of Registered Agent Ctor Detail : PRESIDENT OUANOUNOU, CHARLES P.O. BOX 141307 CORAL GABLES FL 33114	Title Name Address	TREASURER BALFOUR, JASON P.O. BOX 141307	04/28/2017
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT OUANOUNOU, CHARLES P.O. BOX 141307 CORAL GABLES FL 33114 SECRETARY	Title Name Address	TREASURER BALFOUR, JASON P.O. BOX 141307	04/28/2017

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: PAUL FISCHMAN

Electronic Signature of Signing Officer/Director Detail

SECRETARY

04/28/2017 Date

FILED Apr 28, 2017 Secretary of State CC8060043169

Current Principal Place of Business:

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SAGE ON 15TH CONDOMINIUM ASSOCIATION, INC.

DOCUMENT# N0500007169