

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011402

**FILED**  
**Mar 29, 2019**  
**Secretary of State**  
**4162730084CC**

**Entity Name:** MOSAIC ON MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3801 COLLINS AVE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

3801 COLLINS AVE  
MIAMI BEACH, FL 33140

**FEI Number:** 20-5818063

**Certificate of Status Desired:** No

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

ASSOCIATION LAW GROUP, PL  
1200 BRICKELL AVE, PH2000  
ATT BEN SOLOMON  
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            LADD, NANCY  
Address        3801 COLLINS AVENUE #806  
City-State-Zip: MIAMI BEACH FL 33140

Title            VP  
Name            DABAS, DEV  
Address        3801 COLLINS AVENUE #PH3  
City-State-Zip: MIAMI BEACH FL 33140

Title            T  
Name            KUDENHOLDT , JULIA  
Address        3801 COLLINS AVENUE #1206  
City-State-Zip: MIAMI BEACH FL 33140

Title            D  
Name            ARMITT, LYNN  
Address        3801 COLLINS AVENUE # 1906  
City-State-Zip: MIAMI BEACH FL 33140

Title            SECRETARY  
Name            TOMIC, CHARLOTTE  
Address        3801 COLLINS AVE # TH3  
City-State-Zip: MIAMI BEACH FL 33140

*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:** NANCY LADD

**PRESIDENT**

**03/29/2019**

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

\_\_\_\_\_  
Date