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.

PRESIDENT

### SIGNATURE: RICHARD GOTTESMAN

Electronic Signature of Signing Officer/Director Detail

| 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT |
|---|
|   |

#### DOCUMENT# N1500000475

Entity Name: NINE AT MARY BRICKELL VILLAGE CONDOMINIUM ASSOCIATION, INC.

### Current Principal Place of Business:

999 SW 1ST AVENUE SUITE 1140 MIAMI, FL 33130

## **Current Mailing Address:**

999 SW 1ST AVENUE SUITE 1140 MIAMI, FL 33130 US

### FEI Number: 47-2936779

# Name and Address of Current Registered Agent:

CLARK, MICHAEL ESQ. 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       | E: MICHAEL CLARK, ESQ.                   |                 |                                 | 02/12/2019 |
|-----------------|--|-----------------|---------------------------------|------------|
|                 | Electronic Signature of Registered Agent |                 |                                 | Date       |
| Officer/Dire    | ctor Detail :                            |                 |                                 |            |
| Title           | PRESIDENT                                | Title           | VP                              |            |
| Name            | GOTTESMAN, RICHARD                       | Name            | BLUM, JONATHAN                  |            |
| Address         | 999 SW 1ST AVENUE<br>SUITE 1140          | Address         | 999 SW 1ST AVENUE<br>SUITE 1140 |            |
| City-State-Zip: | MIAMI FL 33130                           | City-State-Zip: | MIAMI FL 33130                  |            |
| Title           | SECRETARY/TREASURER                      |                 |                                 |            |
| Name            | NESS, TAMIR                              |                 |                                 |            |
| Address         | 999 SW 1ST AVENUE<br>SUITE 1140          |                 |                                 |            |
| City-State-Zip: | MIAMI FL 33130                           |                 |                                 |            |

Certificate of Status Desired: No

FILED Feb 12, 2019 Secretary of State 2761113446CC

> 02/12/2019 Date