

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000012569

**Entity Name:** ONE BAY HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1150 101 STREET  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

C/O SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC.  
2800 BISCAYNE BLVD STE 310  
MIAMI, FL 33137 US

**FEI Number:** 83-2689944

**Certificate of Status Desired:** No

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

SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC.  
SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC.  
2800 BISCAYNE BLVD STE 310  
MIAMI, FL 33137 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:** DOUGLAS STRABELLI

01/31/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP
Name	STRABELLI, DOUGLAS	Name	OSVALDO MACEDO NETO
Address	C/O SOUTH FLORIDA CONDOMINIUM MANAGMENT, INC. 2800 BISCAYNE BLVD SUITE 310	Address	C/O SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC. 2800 BISCAYNE BLVD STE 310
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	SECRETARY, TREASURER		
Name	SCOTTON, MATHEUS		
Address	C/O SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC. 2800 BISCAYNE BLVD STE 310		
City-State-Zip:	MIAMI FL 33137		

*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:** DOUGLAS STRABELLI

PRESIDENT

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date