oalt) that I am an officier or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Forda Statutes; and that my name appears			
above, or on an attachment with all other like empowered.			
SIGNATURE: SAUL GROSS	ASSISTANT SECRETARY	01/20/2022	

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N23078

Entity Name: HELEN MAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1125 WASHINGTON AVENUE MIAMI BEACH. FL 33139

Current Mailing Address:

1125 WASHINGTON AVENUE MIAMI BEACH. FL 33139 US

FEI Number: 22-2988133

Name and Address of Current Registered Agent:

STREAMLINE PROPERTIES INC. 1125 WASHINGTON AVENUE MIAMI BEACH, FL 33139 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: SAUL GROSS			01/20/2022			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	DIRECTOR, SECRETARY	Title	DIRECTOR, PRESIDENT				
Name	SCHEEL, PAMELA	Name	MCGREGOR, MICHAEL				
Address	1125 WASHINGTON AVENUE	Address	1125 WASHINGTON AVENUE				
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139				
Title	DIRECTOR, TREASURER	Title	ASST. SECRETARY				
Name	ELLINGSON, EDWARD	Name	GROSS, SAUL				
Address	1125 WASHINGTON AVENUE	Address	1125 WASHINGTON AVENUE				
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139				
Title	DIRECTOR	Title	DIRECTOR				
Name	MCDONALD, MARK	Name	BHASIN, RACHNA				
Address	1125 WASHINGTON AVENUE	Address	1125 WASHINGTON AVE				
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL				
Title	DIRECTOR, VP	Title	DIRECTOR				
Name	LORET DE MOLA, JUAN	Name	VAN HOENE, LIZ				
Address	1125 WASHINGTON AVENUE	Address	1125 WASHINGTON AVE				
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139				

Certificate of Status Desired: No

01/20/2022 ASSISTANT SECRETARY

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

Date

FILED Jan 20, 2022 Secretary of State 5102410885CC