#### 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.

DIRECTOR

#### SIGNATURE: ALEXANDRA CALAMAI

City-State-Zip: SOUTH MIAMI FL 33143

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N45008

Entity Name: 3143 DAY AVENUE CONDOMINIUM ASSOCIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

C/O ALEXANDRA S. CALAMAI 3143 DAY AVENUE, #B COCONUT GROVE, FL 33133

## **Current Mailing Address:**

C/O ALEXANDRA S. CALAMAI 3143 DAY AVENUE, #B COCONUT GROVE, FL 33133 US

## FEI Number: 65-0358659

## Name and Address of Current Registered Agent:

CALAMAI, ALEXANDRA S 3143 DAY AVE. В COCONUT GROVE, FL 33133 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

Officer/Director Detail :			
Title	D	Title	D
Name	CALAMAI, ALEXANDRA S	Name	CALAMAI, SIMON
Address	3143 DAY AVE #B	Address	3143 DAY AVE, #B
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133
Title	D		
Name	3143 DAY AVE. LLC		
Address	5825 SW SUNSET DRIVE 209		

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

#### FILED Jan 15, 2017 Secretary of State CC4925724978

Certificate of Status Desired: No

01/15/2017 Date

Date