	d entity submits this statement for the purpose of changing is _	is registered onice of regis	lered agent, or both, in the State of Flo	
SIGNATURE	TROY C KURTZ			07/08/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	GOLLOP, BARRY	Name	LORENZO, AIDA	
Address	POB: 191041	Address	POB: 191041	
City-State-Zip:	MIAMI BEACH FL 33119-1041	City-State-Zip:	MIAMI BEACH FL 33119-1041	
Title	TREASURER			
Name	DI MURO, GIUSEPPE			
Address	POB: 191041			
City-State-Zip:	MIAMI BEACH FL 33119-1041			

MIAMI BEACH, FL 33139

**REPORT** 

## **Current Mailing Address:**

DOCUMENT# N9400002846

POB: 191041 MIAMI BEACH, FL 33119-1041 US

## FEI Number: 65-0500410

## Name and Address of Current Registered Agent:

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: BARRY GOLLOP

PRESIDENT

07/08/2015

Electronic Signature of Signing Officer/Director Detail

FILED Jul 08, 2015 Secretary of State CC6219449695

Certificate of Status Desired: Yes

Date

1605 MICHIGAN AVE.

**Current Principal Place of Business:** 

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: THE EXOTIC VILLAS CONDOMINIUM ASSOCIATION, INC.