

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002424

**Entity Name:** RESIDENCE 1611 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1611 EUCLID AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O BLUE SKY MIAMI, INC  
1680 MICHIGAN AVE  
MIAMI BEACH, FL 33139 US

**FEI Number:** 65-1008293

**Certificate of Status Desired:** No

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

BLUE SKY MIAMI  
1680 MICHIGAN AVE, STE 908  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           NIERO, ANDREA  
Address        C/O BLUE SKY MIAMI, INC  
                  1680 MICHIGAN AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title           SECRETARY  
Name           SICKTERMAN, NEIL  
Address        C/O BLUE SKY MIAMI, INC  
                  1680 MICHIGAN AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title           TREASURER  
Name           SHEINER, ROBERT MAXWELL  
Address        C/O BLUE SKY MIAMI, INC  
                  1680 MICHIGAN AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title           MANAGER  
Name           GROSSY, SANTIAGO M  
Address        C/O BLUE SKY MIAMI, INC  
                  1680 MICHIGAN AVE  
City-State-Zip: MIAMI BEACH FL 33139

*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:** GROSSY, SANTIAGO M

**MANAGER**

**01/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date