

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 646305

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC1913198519**

**Entity Name:** 1560 JEFFERSON AVENUE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1560 JEFFERSON AVENUE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O AMERICAN PROPERTY MANAGEMENT SPC.  
PO BOX 191042  
MIAMI BEACH, FL 33119 US

**FEI Number:** 59-2137536

**Certificate of Status Desired:** No

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

AMERICAN PROPERTY MANAGEMENT SPECIALISTS  
1370 WASHINGTON AVE.  
SUITE 203  
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 V PRESIDENT, DIRECTOR  
Name WUKASCH, JANET  
Address 1560 JEFFERSON AVE #7  
City-State-Zip: MIAMI BEACH FL 33139

Title LCAM  
Name C MANGOLD, KRISTINA  
Address PO BOX 191042  
City-State-Zip: MIAMI BEACH FL 33119

Title SECRETARY, DIRECTOR  
Name NEEDLE, MARK  
Address 1560 JEFFERSON AVE. #1  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR, PRESIDENT  
Name DIAZ, RENIAL  
Address 1560 JEFFERSON AVE.  
4  
City-State-Zip: MIAMI BEACH FL 33139

Title LCAM  
Name VELASQUEZ, ANDREA  
Address 1370 WASHINGTON AVE.  
203  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTINA C MANGOLD

LCAM

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date