FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90013 038 ****61.25

3. Date Incorporated or Qualifed

1999 **DOCUMENT # 72760**1

1. Corporation Name

MIMOSA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1747 COLLINS AVE MIAMI BEACH FL 33140	4747 COLLINS AVE MIAMI BEACH FL 33140	

\vdash	21 Suite, Apt. #, etc.			Mailing Fladross			09/7	27/1973			
<u> </u>				Suite, Apt. #, etc.				4. FEI Number		Applied For	
22				27				<u>1511645</u>		Not Applicable	
	City & State			City & State			5. Certi	fcate of Status Desired		\$8.75 Additional Fee Required	
23	Zip	Country		Zip	Count	y	i i	tion Campaign Financing		\$5.00 May Be Added to Fees	
24		25	29		30			t Fund Contribution			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				8	1	Name			· .		
BARSION, JULIA 4747 COLLINS AVE. MIAMI BEACH FL 33140			8	2	Street Address (P.O. B	ox Number is Not Accepta	ble)	÷			
			8	3							
					8	4	City		EI	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE X T

02/01/1999

	X H U	02	02/01/1333			
SIGNATURE	Signature, typed or printed name of regin	stered agent and title if applicable. (NOTE: Re	gistered Agent signature re			
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE	•	Change	☐ Addition
NAME	BARSION, JULIA		1.2 NAME			
STREET ADDRESS	4747 COLLINS AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 City-ST-ZIP			
TITLE	T	☑ DELETE	2.1 TITLE	Treasurer	Change	☐ Addition
NAME	ISENSTEIN, JANET		2.2 NAME	KATZ, ALEXANDER		
STREET ADDRESS	4747 COLLINS AVE		2.3 STREET ADDRESS	4747 COLLINS AVENUE		Ì
CITY-ST-ZIP	MIAMI BEACH FL 33140		2. 4 CITY-ST-ZIP	MIAMI BEACH, FL 33	140	
TITLE	S	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	ROSENTHAL, MAGDA		3.2 NAME			•
STREET ADDRESS	4747 COLLINS AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140		3.4. CITY-ST-ZIP	<u> </u>	;	
TITLE	VP	⊠ DELETE	4.1 TTILE	VICE-PRESIDENT	Change	Addition
NAME	KATZ, ALEXANDER		4. 2 NAME	DEUTSCH, EMERY		
STREET ADDRESS	4747 COLLINS AVENUE	'	4.3 STREET ADDRESS	4747 COLLINS AVENUE		
CITY-ST-ZIP	MIAMI BEACH FL 33140		4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33	140	
TITLE	D	☐ DELETE	5.1 TITLE		Change	Addition
NAME	GLICK, SHARON		5.2 NAME		-	
STREET ADDRESS	4747 COLLINS AVE	•	5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140		5.4 CITY+ST-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME	• • •		
STREET ADDRESS	}		6.3 STREET ADDRESS	• .	,	
CITY-ST-7IP			6.4 CITY-ST-ZIP	•	•	* .

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED LA ROCKION OFFICER OF DIRECTOR DIRECTOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR DEPORT

305-532-6411