

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010301

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** 1785 MARSEILLE DRIVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1785 MARSEILLE DRIVE  
N MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

1143 BUCHANAN STREET  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 25-1915435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORGANSTERN, CHARLES  
1785 MARSEILLE DR  
N MIAMI BEACH, FL 33141 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MORGANSTERN, CHARLES  
Address: 1785 MARSEILLE DRIVE  
City-St-Zip: N MIAMI BEACH, FL 33141

Title: DV  
Name: CABIESES, LYNETTE  
Address: 1785 MARSEILLE DRIVE  
City-St-Zip: N MIAMI BEACH, FL 33141

Title: DS  
Name: VALLADARES, BEATRIZ  
Address: 1785 MARSEILLE DRIVE  
City-St-Zip: N MIAMI BEACH, FL 33141

Title: DT  
Name: VILLATORO, OSMAN  
Address: 1785 MARSEILLE DRIVE  
City-St-Zip: N MIAMI BEACH, FL 33141

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: LYNETTE CABIESES

DV

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date