

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716507

**Entity Name:** BURLEIGH HOUSE CONDOMINIUM, INC.

**Current Principal Place of Business:**

7135 COLLINS AVE.  
OFFICE  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

7135 COLLINS AVE.  
OFFICE  
MIAMI BEACH, FL 33141

**FEI Number:** 59-1305530

**Certificate of Status Desired:** No

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

TRESTER, CRAIG  
7135 COLLINS AVE  
ADMINISTRATION OFFICE  
MIAMI BEACH, FL 31415 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            TRESTER, CRAIG  
Address        7135 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33141

Title            VP  
Name            KLEM, HANS-JUERGEN  
Address        7135 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33141

Title            SECRETARY  
Name            LITWIN, ELAINE  
Address        7135 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            ROMAGNA, ANDREA  
Address        7135 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33141

Title            TREASURER  
Name            OLESKA, JAMES  
Address        7135 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            KALIMAN, GREG  
Address        7135 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            SALEMI, MICHELLE  
Address        7135 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            COLLINS, ALEXIS  
Address        7135 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33141

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*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: CRAIG TRESTER**

**PRESIDENT**

**03/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                MAHON, KEVIN  
Address             7135 COLLINS AVE  
City-State-Zip:    MIAMI BEACH FL 33141

Title                 DIRECTOR  
Name                YEHEZKEL, HAIM  
Address             210  71 STREET  
City-State-Zip:    MIAMI BEACH FL 33141