

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N02000005844

**Entity Name:** M RESORT RESIDENCES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

18683 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

18683 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 20-1792762

**Certificate of Status Desired:** No

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

CABADA, MARIA  
18683 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160 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:** MARIA CABADA

09/23/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LEVITT, PAUL  
Address 18683 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VD  
Name BAMIRA, JOSEPH  
Address 18683 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SD  
Name HECTOR, PINES  
Address 18683 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TD  
Name KANDEL, LEONARDO  
Address 18683 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title D  
Name PRIGOSHIN, PEDRO OSVALDO  
Address 18683 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** PAUL LEVITT

**PRESIDENT**

09/23/2020

Electronic Signature of Signing Officer/Director Detail

Date