

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006309

**FILED**  
**Apr 14, 2021**  
**Secretary of State**  
**7777480185CC**

**Entity Name:** THE FLATS AT MORNINGSIDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GUARANTEE MANAGEMENT SERVICES, INC.  
3785 NW 82ND AVENUE 109  
DORAL, FL 33166

**Current Mailing Address:**

C/O GUARANTEE MANAGEMENT SERVICES, INC.  
3785 NW 82ND AVENUE 109  
DORAL, FL 33166 US

**FEI Number: 56-2379927**

**Certificate of Status Desired: No**

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

THE MELONI LAW OFFICE  
1701 NE 164TH STREET, SUITE 303  
NORTH MIAMI BEACH, FL 33162 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: EDOARDO MELONI**

**04/14/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEVY, MIKHAEL  
Address        C/O GUARANTEE MANAGEMENT  
                  SERVICES, INC.  
                  3785 NW 82ND AVENUE 109  
City-State-Zip: DORAL FL 33166

Title            TREASURER  
Name            POPPER, NADINA  
Address        C/O GUARANTEE MANAGEMENT  
                  SERVICES, INC.  
                  3785 NW 82ND AVENUE 109  
City-State-Zip: DORAL FL 33166

Title            VP  
Name            DERGAL, ELIAS  
Address        C/O GUARANTEE MANAGEMENT  
                  SERVICES, INC.  
                  3785 NW 82ND AVENUE 109  
City-State-Zip: DORAL FL 33166

Title            DIRECTOR  
Name            DEAN, MARK  
Address        C/O GUARANTEE MANAGEMENT  
                  SERVICES, INC.  
                  3785 NW 82ND AVENUE 109  
City-State-Zip: DORAL FL 33166

Title            SECRETARY  
Name            PADILLA, HERIBERTO  
Address        C/O GUARANTEE MANAGEMENT  
                  SERVICES, INC.  
                  3785 NW 82ND AVENUE 109  
City-State-Zip: DORAL FL 33166

*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: MIKHAEL LEVY**

**PRESIDENT**

**04/14/2021**

Electronic Signature of Signing Officer/Director Detail

Date