

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

DOCUMENT# N03420

**Entity Name:** 909 CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

909 N MIAMI BEACH BLVD  
N MIAMI BEACH, FL 33162

**Current Mailing Address:**

909 NORTH MIAMI BEACH BOULEVARD  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 59-2420614

**Certificate of Status Desired:** No

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

YAFFE, ROBERT H. ESQ.  
11900 BISCAYNE BOULEVARD  
SUITE 806  
MIAMI, FL 33181 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           TREASURER  
Name           WAISMAN, DIEGO  
Address        909 N. MIAMI BEACH BLVD  
                  SUITE 501  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title           PRESIDENT  
Name           KOGAN, NATALIA  
Address        909 N MIAMI BEACH BLVD  
City-State-Zip: N MIAMI BEACH FL 33162

Title           SECRETARY  
Name           BERG, JOSEPH  
Address        909 N MIAMI BEACH BLVD  
City-State-Zip: N MIAMI BEACH FL 33162

*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:** NATALIA KOGAN

**PRESIDENT**

**01/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date