

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

DOCUMENT# N05000003117

**Entity Name:** ARTECITY GOVERNOR CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 08, 2021**  
**Secretary of State**  
**8159961735CC**

**Current Principal Place of Business:**

435 21ST STREET  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

435 21ST STREET  
MIAMI BEACH, FL 33139 US

**FEI Number: 26-1161133**

**Certificate of Status Desired: No**

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

GOLDSTEIN , JONATHAN  
251 NW 23RD STREET  
MIAMI, FL 33127 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:** JONATHAN GOLDSTEIN

02/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE- PRESIDENT  
Name SCHMULOWITZ, JAY  
Address 435 21ST STREET  
UNIT 211  
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER  
Name PORCELLI, CHRISTOPHER  
Address 435 21ST STREET  
UNIT 314  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name HATTAM, VICTORIA  
Address 435 21ST STREET  
UNIT 323  
City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT  
Name GRAHAM, THOMAS DIRECTOR  
Address 435 21ST STREET  
UNIT 324  
City-State-Zip: MIAMI BEACH FL 33139

Title SECRETARY  
Name NICOLE, UGARRIZA  
Address 435 21ST STREET  
UNIT 302  
City-State-Zip: MIAMI BEACH FL 33139

*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:** THOMAS GRAHAM

**PRESIDENT**

02/08/2021

Electronic Signature of Signing Officer/Director Detail

Date