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.

LCAM

SIGNATURE: ANDREA VELAZQUEZ

Electronic Signature of Signing Officer/Director Detail

SIGNATURE	E: ANDREA VELAZQUEZ			07/13/2023		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	SECRETARY	Title	PRESIDENT			
Name	VALORI, PETER F	Name	VALORI, RAYMOND			
Address	340 JEFFERSON AVE	Address	340 JEFFERSON AVE			
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139			
Title	DIR	Title	LCAM			
Name	JEAN, DIDIER	Name	VELAZQUEZ, ANDREA			
Address	340 JEFFERSON AVE	Address	PO BOX 191042			
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33119			

MIAMI BEACH, FL 33119 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.

#### **Current Mailing Address:**

PO BOX 191042 MIAMI BEACH, FL 33119 US

### FEI Number: 08-0335657

### Name and Address of Current Registered Agent:

MIAMI QUALITY MANAGEMENT C/O MQM PO BOX 191042

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0500006860

Entity Name: "V" CONDOMINIUM ASSOCIATION, INC.

# **Current Principal Place of Business:**

1370 WASHINGTON AVE, SUITE 207 MIAMI BEACH. FL 33139

Certificate of Status Desired: No

FILED Jul 13, 2023 Secretary of State 6059880398CC

07/13/2023 Date