

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005600

**Entity Name:** BEACHCOMBER OF NOBE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 06, 2015**  
**Secretary of State**  
**CC4775129220**

**Current Principal Place of Business:**

7411 CARLYLE AVENUE  
SUITE #2  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

7411 CARLYLE AVENUE  
SUITE #2  
MIAMI BEACH, FL 33141

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

DLD ASSET MANAGEMENT INC  
7411 CARLYLE AVENUE  
SUITE #2  
MIAMI BEACH, FL 33141 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:** LIOR COHEN

02/06/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name COHEN, LIOR  
Address 7411 CARLYLE AVENUE, SUITE #2  
City-State-Zip: MIAMI BEACH FL 33141

Title VP  
Name BUSH, JUSTIN M  
Address 320 85 ST #6  
City-State-Zip: MIAMI BEACH FL 33141

Title TS  
Name STORCH, DARA  
Address 7411 CARLYLE AVENUE, SUITE #2  
City-State-Zip: MIAMI BEACH FL 33141

*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:** LIOR COHEN

P

02/06/2015

Electronic Signature of Signing Officer/Director Detail

Date