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: CHRISTOPHER MACLEOD	PRESIDENT	04/29/2019	

Electronic Signature of Signing Officer/Director Detail

A С Ti Ν Address 1240 27TH ST NW City-State-Zip: WASHINGTON DC DC 20007

Officer/Director Detail :				
Title	Ρ	Title	SEC	
Name	MACLEOD, CHRISTOPHER	Name	RODRIGUEZ, CARLOS D	
Address	1035 N MIAMI AVE	Address	14221 SW 54 ST	
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33175	
Title	VP			
Name	LOVINK, MICHELINE			

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:

1035 N MIAMI AVE

401

MIAMI, FL 33136 US

Electronic Signature of Registered Agent

MIAMI, FL 33136 US

1100 N MIAMI AVE

Entity Name: NORTH MIAMI AVENUE PRESERVATION ASSOCIATION INC

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000011096

Current Principal Place of Business:

MIAMI, FL 33136

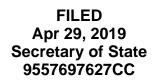
Current Mailing Address:

1035 N MIAMI AVE 401

Name and Address of Current Registered Agent:

FEI Number: NOT APPLICABLE

MACLEOD, CHRISTOPHER



Certificate of Status Desired: No

Date

Date