

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39031

Entity Name: 1218 DREXEL CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1218 DREXEL AVE.
MIAMI BEACH, FL 33139**Current Mailing Address:**C/O MQM
PO BOX 191042
MIAMI BEACH, FL 33119 US**FEI Number:** 65-0203001**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIAMI QUALITY MANAGEMENT
1370 WASHINGTON AVENUE
STE 207
MIAMI BEACH, FL 33139 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:** A VELAZQUEZ

04/28/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	BACH, JULIANA
Address	PO BOX 191042
City-State-Zip:	MIAMI BEACH FL 33119

Title	TD
Name	DE LA TORRE, ARLENE
Address	1218 DREXEL AVENUE - UNIT 304
City-State-Zip:	MIAMI BEACH FL 33139

Title	PD
Name	GILDERSLEEVE, JAMES
Address	1218 DREXEL AVENUE - UNIT 201
City-State-Zip:	MIAMI BEACH FL 33139

Title	VPD
Name	SUTTON, JANE
Address	1218 DREXEL AVENUE - UNIT 207
City-State-Zip:	MIAMI BEACH FL 33139

Title	LCAM
Name	VELAZQUEZ, ANDREA
Address	PO BOX 191042
City-State-Zip:	MIAMI BEACH FL 33119

Title	DIRECTOR
Name	MIYARES, GABRIEL
Address	PO BOX 191042
City-State-Zip:	MIAMI BEACH FL 33119

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: ANDREA VELAZQUEZ

LCAM

04/28/2024

Electronic Signature of Signing Officer/Director Detail

Date