


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91027 013 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

94082038



DOCUMENT # 710630					
1. Entity Name MIAMI BEACH BAR ASSOCIATION					
Principal Place of Business C/O STEPHEN G. HERTZ 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140-3413 US			Mailing Address C/O STEPHEN G. HERTZ 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140-3413 US		
2. Principal Place of Business C/O JUDITH FRANKEL 960 ARTHUR GODFREY ROAD Suite, Apt. #, etc. #116 City & State Miami Beach, FL Zip 33140 Country USA		3. Mailing Address C/O JUDITH FRANKEL 960 ARTHUR GODFREY RD Suite, Apt. #, etc. STE 116 City & State Miami Beach, FL Zip 33140 Country USA		4. FEI Number 59-2291789 Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERTZ, STEPHEN G 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140-3413				7. Name and Address of New Registered Agent	
8. 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. I am familiar with, and accept the obligations of registered agent.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P/D	HERTZ, STEPHEN G	<input checked="" type="checkbox"/> Delete	TITLE President	ALSCHULER, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	767 ARTHUR GODFREY ROAD		STREET ADDRESS	1401 NW 7th Ave	
CITY-ST-ZIP	MIAMI BEACH, FL 331403413		CITY-ST-ZIP	MIAMI, FL 33125	
TITLE PE/D	ALSCHULER, DAVID	<input checked="" type="checkbox"/> Delete	TITLE PE/D	ZEIGER, MITCHELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1401 NW 7TH AVENUE		STREET ADDRESS	16625 SW 74 COURT	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	MIAMI, FL 33157	
TITLE 1VPD	ZEIGER, MITCHELL S	<input checked="" type="checkbox"/> Delete	TITLE 1VPD	SPILL, JOY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16625 SW 74TH COURT		STREET ADDRESS	9100 SOUTH DADELAND BLVD #504	
CITY-ST-ZIP	MIAMI, FL 331573873		CITY-ST-ZIP	MIAMI, FL 33156	
TITLE 2VPD	SPILL, JOY B	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9100 SOUTH DADELAND BLVD, #504		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331567815		CITY-ST-ZIP		
TITLE 3VPD	GONGORA, MICHAEL ESQ.	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	407 LINCOLN ROAD, SUITE 8E		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE TD	JUDITH, FRANKEL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	960 ARTHUR GODFREY ROAD, SUITE 116		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>JUDITH FRANKEL, TREASURER</u>				Date: <u>5-30-04</u> Daytime Phone #: <u>305-674-1325</u>	