

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710630

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MIAMI BEACH BAR ASSOCIATION

**Current Principal Place of Business:**

5420 NORTH BAY ROAD  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

5420 NORTH BAY ROAD  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 59-2291789      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HERTZ, STEPHEN G  
767 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 331403413 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRUCE, REICH  
Address: 767 ARTHUR GODFREY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: S ( ) Delete  
Name: SCHWARTZ, ELIZABETH  
Address: 560 LINCOLN ROAD, SUITE 400  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: TD ( ) Delete  
Name: JUDITH, FRANKEL  
Address: 5420 NORTH BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JAMIE, DAVIS S  
Address: 150 ALHAMBRA CIRCLE, SUITE 1150  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP (X) Change ( ) Addition  
Name: SQUIRES, GILBERT  
Address: 767 ARTHUR GODFREY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUDITH A. FRANKEL

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04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date