

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **711348** (3)  
1. Corporation Name  
**NORTH BAY WHITE HOUSE ASSOCIATION NO. 4, INC.**

Principal Place of Business Mailing Address  
**1770 79TH ST CSWY APT 312 N BAY VIL FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/10/1966** 3a. Date of Last Report **04/06/1994**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** *do PMS 8299 Coral Way*  
**22** City & State **27** City & State  
**23** Zip **28** *Miami, FL 33141*  
**24** Country **29** Zip **30** *Jude*

5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**OILL, MINNIE**  
**1770 79TH ST. CSWY**  
**N. BAY VILLAGE FL 33141**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>OILL, MINNIE</b>
STREET ADDRESS	<b>1770 79TH ST CSWY</b>
CITY-ST-ZIP	<b>N BAY VILLAGE FL</b>
TITLE	<b>VPD</b>
NAME	<b>KATZ, PHYLLIS</b>
STREET ADDRESS	<b>1770 79TH ST CSWY</b>
CITY-ST-ZIP	<b>N BAY VILLAGE FL</b>
TITLE	<b>SD</b>
NAME	<b>KAZANOFF, STANLEY</b>
STREET ADDRESS	<b>1770 79TH ST CSWY</b>
CITY-ST-ZIP	<b>N BAY VILLAGE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>SYTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Giorelle, Robert</b>
2.3 STREET ADDRESS	<b>1770 Kennedy Causeway # 305</b>
2.4 CITY-ST-ZIP	<b>N. Bay Village, FL 33141</b>
3.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>KAZANOFF, STANLEY</b>
3.3 STREET ADDRESS	<b>1770 Kennedy Causeway # 106</b>
3.4 CITY-ST-ZIP	<b>N. Bay Village, FL 33141</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Minnie Oill* **3/8/95** (205) 864-0652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)