FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

MIAMI SHORES CONDOMINIUM ASSOCIATION INC

Principal Place of Business

Mailing Address

FILED Jun 16 1997 8:00am Secretary of State



8022 N.E. 8TH AVE. MIAMI SHORES FL 831,38-9099		9022 N.E. 8TH AVE. MIAMI SHORES FL 33138-3;	9022 N.E. 8TH AVE. MIAMI SHORES FL 33138-3254					
					3. Date Incorporated or Qualified 02/12/1973	3a. Date of Last 04/12/19		
_	lace of Business	2a. Mailing Address	2a. Maiting Address		4. FEI Number		Applied For	
21	# -1-	26			59-1484538		ot Applicable	
Sulte, Apt.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	1 1	Additional Regulred	
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	_ +0.00		
Zip 24	Country		Country 30	/	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes \(\bigcap \text{Yes} \text{No} \)			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name				
	ON, WILLIAM E. 8TH AVE.		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
	HORES FL 33138		83	<u> </u>			-	
			84	City		FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
CP								
SIGNATURE _	Signature, typed or printed name of regis	stered agent and little if applicable (NOTE:	Registered Ag	ent signature	required when reinstating)	DATE		
12.*	OFFICE	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	
गार्थ	PD	☐ DELETE	1.1 TITLE		Karen Fields	Change	Addition	
NAME	BERGERON, WILLIAM		1.2 NAME		Karen Fields	ø		
STREET ADDRESS	9022 NE 8TH AVE		1.3 STREET		Ubok MERWAVE 2		li	
CITY-ST-ZIP TITLE	Miami Fl VPD	DELETE	1.4 CITY- S	ST - ZIP	Miami Shaves F			
NAME	PIPPENGER, GLENN		2.1 TITLE 2.2 NAME			☐ Change	Addition	
STREET ADORESS	4444 147 471 447		2.3 STREET	ADDDCCC				
CITY-ST-ZIP	LAMA ALABAMA AL		2.4 GITY-					
TITLE	TD	DELETE 3.1T		51 211	********	☐ Change	Addition	
NAME	WHITTAKER, MATTHEW	WHITTAKER, MATTHEW 32 N						
STREET ADDRESS	9020 N.E. 8TH AVE.		3.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI SHORES FL		3.4. CITY-	ST-ZIP	- 1775			
TITLE	8	DELETE	4.1 TITLE			☐ Change	Addition	
NAME	JONES, LORETTA	•	4. 2 NAME					
STREET ADDRESS	9022 NE 8TH AVE		4.3 STREET					
CITY-ST-ZIP	MIAMI SHORES FL	DELETE	4.4 CITY - S	T-ZIP		7 06	F Address	
TITLE		LJ OCCETE	5.1 TITLE 5.2 NAME		40000221	☐ Change	Addition	
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS	40000221 -06/17/970100	າຂົດີລົດ ໍ່		
CITY-ST-ZIP			5.4 CITY - S	1	***61.25	r was 1861 1867 1867		
TITLE		DELETE	6.1 TITLE	1 6.0		Change	Addition	
NAME			6.2 NAME			_ •	_	
STREET ADDRESS			6.3 STREET	ADDRESS			6116/97	
CITY-ST-ZIP			64 CITY-S	T-ZIP			6110171	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.