

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90021 024 ****61.25

DOCUMENT # 725521

1. Corporation Name

MIAMI SHORES CONDOMINIUM ASSOCIATION INC

Principal Place of Business

9022 N.E. 8TH AVE.
MIAMI SHORES FL 33138-9099

Mailing Address

9022 N.E. 8TH AVE.
MIAMI SHORES FL 33138-9099



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/12/1973

4. FEI Number

59-1484538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PIPPENGER, GLENN E
9020 NE 8TH AVE
MIAMI SHORES FL 33138

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 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
BERGERON, WILLIAM
STREET ADDRESS
9022 NE 8TH AVE, #35
CITY-ST-ZIP
MIAMI SHORES FL 33138

TITLE ☐ DELETE

NAME
TD
PIPPENGER, GLENN
STREET ADDRESS
9020 NE 8TH AVE, #1C
CITY-ST-ZIP
MIAMI SHORES FL 33138

TITLE ☐ DELETE

NAME
PD
ERNST, DONALD
STREET ADDRESS
9020 NE 8TH AVE, #3E
CITY-ST-ZIP
MIAMI SHORES FL 33138

TITLE ☐ DELETE

NAME
SD
FIELDS, KAREN
STREET ADDRESS
9022 NE 8TH AVE 2P
CITY-ST-ZIP
MIAMI SHORES FL 33138

TITLE ☐ DELETE

NAME
VPD
BOLT, ROSEMARY
STREET ADDRESS
9022 NE 8TH AVE, 1N
CITY-ST-ZIP
MIAMI SHORES FL 33138

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

Charles Walsh

1.3 STREET ADDRESS

9020 NE 8th Ave. #2B

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

Scot Klarman

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☒ Addition

6.2 NAME

D
Loretta Jones

6.3 STREET ADDRESS

9022 NE 8th Ave. #1Q

6.4 CITY-ST-ZIP

Miami Shores FL 33138

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/7/99

305-626-3641

CR2E037 (11/98)

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