


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90211 043 \*\*\*\*70.00

<b>DOCUMENT # 752873</b>					
1. Entity Name MIAMI ART MUSEUM OF DADE COUNTY ASSOCIATION, INC.					
Principal Place of Business 101 W FLAGLER ST MIAMI, FL 33130-1504			Mailing Address 101 W FLAGLER ST MIAMI, FL 33130-1504		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2048869	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCGUIGAN, THOMAS R., P.A. 200 S. BISCAYNE BLVD. SUITE 4000 MIAMI, FL 33131-2398				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CO-P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OREN, NEDRA		NAME	Mary E. Frank	
STREET ADDRESS	3526 BAYSHORE VILLAS DR		STREET ADDRESS	445 Grand Bay Drive Apt.1211	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	C	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PODHURST, AARON		NAME	Terence Riley	
STREET ADDRESS	10 EDGEWATER DRIVE		STREET ADDRESS	168 NE 43rd Street, Miami, FL 33137	
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP		
TITLE	CO-P	<input checked="" type="checkbox"/> Delete	TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYERHOFF GREENE, ROSE ELLEN		NAME	M. Therese Vento	
STREET ADDRESS	201 SOLANO PRADO		STREET ADDRESS	3908 Main Highway	
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELEHANTY, SUZANNE		NAME	Mireille Chancy-Gonzalez	
STREET ADDRESS	1541 BRICKELL AVE., APT A602		STREET ADDRESS	280 Bal Bay Drive	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Bal Harbour, FL 33154	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gail S. Meyers	
STREET ADDRESS			STREET ADDRESS	3515 Bayshore Villas Drive, Coconut Grove	
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			Date: _____ Daytime Phone # _____		

FL 33133