

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

130.00
87.75
138.75

MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753109** (8)

1. Corporation Name
NORTH MIAMI WESTSIDE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 680-057 N. MIAMI FL 33168 P.O. BOX 680-057 N. MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/25/1980** 3a. Date of Last Report **04/29/1994**
4. FEI Number **65-0021706** 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**
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**MACONE, DANIEL A
12100 NW 11TH AVENUE
N. MIAMI FL 33168**

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 **DANIEL A. MACONE**
Signature, typed or printed name of registered agent and title if applicable

DATE **4-20-95**

12. OFFICERS AND DIRECTORS
TITLE PD
NAME MUMFORD, WM. "RED"
STREET ADDRESS 750 NW 134TH ST.
CITY-ST-ZIP N MIAMI FL 33168
TITLE 1V D
NAME SLOAN, RICHARD R. II
STREET ADDRESS 12605 NW 10TH AVE.
CITY-ST-ZIP N. MIAMI FL 33168
TITLE 2V D
NAME SEIFRED, KEVEN
STREET ADDRESS 12665 NW 8TH AVE.
CITY-ST-ZIP N. MIAMI FL 33168
TITLE TD
NAME WATT, MADELINE
STREET ADDRESS 1020 NW 120TH ST
CITY-ST-ZIP N MIAMI FL 33168
TITLE SD
NAME WILSON, HANNAH
STREET ADDRESS 1182 NW 121ST STREET
CITY-ST-ZIP N MIAMI FL 33168

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME **SD SECRETARY-D**
53 STREET ADDRESS **JOYCE MUMFORD**
54 CITY-ST-ZIP **750 NW 134ST**
Ne. MIAMI, FL 33168-2825
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William Mumford**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-20-95** Telephone Number **305-687-0860**