

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **753109** (8)
1. Corporation Name
NORTH MIAMI WESTSIDE PROPERTY OWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **06/25/1980**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0021706	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACONE, DANIEL A
12100 NW 11TH AVENUE
N. MIAMI FL 33168**

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: *Daniel A. Macone* DATE: **1/28/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUMFORD, WM. "RED"	1.2 NAME	SOREY, ARTHUR "DUKE"
STREET ADDRESS	750 NW 134TH ST.	1.3 STREET ADDRESS	1075 N.W. 128 ST
CITY-ST-ZIP	N MIAMI FL 33168	1.4 CITY-ST-ZIP	N. MIAMI, FL 33168
TITLE	TV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLOAN, RICHARD R. II	2.2 NAME	CHARLES, SIDNEY
STREET ADDRESS	12605 NW 10TH AVE.	2.3 STREET ADDRESS	500 NW 126 ST
CITY-ST-ZIP	N. MIAMI FL 33168	2.4 CITY-ST-ZIP	N. MIAMI, FL 33168
TITLE	2V <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEIFRIED, KEVEN	3.2 NAME	MACONE, DAN
STREET ADDRESS	12665 NW 8TH AVE.	3.3 STREET ADDRESS	12100 NW 11 AVE
CITY-ST-ZIP	N. MIAMI FL 33168	3.4 CITY-ST-ZIP	N MIAMI, FL 33168
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATT, MADELINE	4.2 NAME	
STREET ADDRESS	1020 NW 120TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL 33168	4.4 CITY-ST-ZIP	
TITLE	SDDS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUMFORD, JOYCE	5.2 NAME	
STREET ADDRESS	750 N W 134ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL 33168	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 "Red" Mumford* DATE: **1/27/96** 305-687-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)