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Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33168-0057

3. Date Incorporated or Qualified 06/25/1980 3a. Date of Last Report 02/01/1996  
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  
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 25 29 30

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 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* 2-3-97  
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	PD <input checked="" type="checkbox"/> DELETE
NAME	MUMFORD, WM. "RED"
STREET ADDRESS	750 NW 134TH ST.
CITY-ST-ZIP	N MIAMI FL 33168
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SOREY, ARTHUR "DUKE"
STREET ADDRESS	1075 NW 128 STREET
CITY-ST-ZIP	N. MIAMI FL 33168
TITLE	2V <input checked="" type="checkbox"/> DELETE
NAME	SEIFRIED, KEVEN
STREET ADDRESS	12665 NW 8TH AVE.
CITY-ST-ZIP	N. MIAMI FL 33168
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	WATT, MADELINE
STREET ADDRESS	1020 NW 120TH ST
CITY-ST-ZIP	N MIAMI FL 33168
TITLE	SDSD <input checked="" type="checkbox"/> DELETE
NAME	MUMFORD, JOYCE
STREET ADDRESS	750 N W 134ST
CITY-ST-ZIP	N MIAMI FL 33168
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CHARLES, SIDNEY
STREET ADDRESS	500 NW 126TH STREET
CITY-ST-ZIP	N. MIAMI FL 33168

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mathis, Beverly
1.3 STREET ADDRESS	12200 N.W. 13th Ave.
1.4 CITY-ST-ZIP	North Miami, Fl 33167
2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gloria Davis TRUSTEE
2.3 STREET ADDRESS	1065 N.W. 126 St.
2.4 CITY-ST-ZIP	North Miami, fl 33167 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delawrence Blue
3.3 STREET ADDRESS	155 N.W. 125 St., North Miami, fl
3.4 CITY-ST-ZIP	North Miami, fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Madeline Watt <del>DIRECTOR</del>
4.3 STREET ADDRESS	1020 N.W. 120 ST.
4.4 CITY-ST-ZIP	North Miami, Fl. 33167 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	Parliamentarian <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Judy Brown - TRUSTEE
5.3 STREET ADDRESS	1100 N.W. 128 Terr.
5.4 CITY-ST-ZIP	North Miami, Fl. 33167 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *M. S. R. ...* 2/6/1997 13057769-3369

CR2E037 (9/96)