

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
P.O. BOX 680-057 N. MIAMI FL 33168 P.O. BOX 680-057 N. MIAMI FL 33168

3. Date Incorporated or Qualified: 06/25/1980
4. FEI Number: 65-0021706
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. Is this nonprofit corporation a homeowners association? Yes [X] No []
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes [] No [X]

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

9. Name and Address of Current Registered Agent
MACONE, DANIEL A
~~12106 NW 19TH AVENUE~~ 12225 N.W. 10th Ave.
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 617.1506, 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]* DATE: 2/14/98

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	MATHIS, BEVERLY	
STREET ADDRESS	12200 NW 13TH AVE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, GLORIA	
STREET ADDRESS	1065 N.W. 126TH ST	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BLUE, DELAWRENCE	
STREET ADDRESS	155 NW 125TH ST	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WATT, MADELINE	
STREET ADDRESS	1020 NW 120TH ST	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JUDY	
STREET ADDRESS	1100 NW 128TH TERR	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Davis, Gloria	
1.3 STREET ADDRESS	1065 N. W. 126th St.	
1.4 CITY-ST-ZIP	North Miami, Fl. 33168	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brown, Judy	
2.3 STREET ADDRESS	1100 N. W. 128th St.	
2.4 CITY-ST-ZIP	North Miami, Fl. 33168	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cox, Rev. James	
3.3 STREET ADDRESS	755 N. W. 125 St.	
3.4 CITY-ST-ZIP	North Miami, Fl. 33168	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mumford, Red	
4.3 STREET ADDRESS	750 N. W. 134th St.	
4.4 CITY-ST-ZIP	North Miami, Fl. 33168	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Madeline Watt, Treas. *[Signature]* 2-17-98 305 688-8076

CR2E037 (10/97)