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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 753109

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/25/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0021706

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACONE, DANIEL A  
12225 N.W. 10TH AVE.  
N. MIAMI FL 33168

81 Name  
Scott Gslvin

82 Street Address (P.O. Box Number is Not Acceptable)  
13506 N.E. 24 Ct.

83

84 City  
North Miami

FL

85 Zip Code  
33181

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DAVIS, GLORIA  
STREET ADDRESS 1065 N.W. 126TH ST  
CITY-ST-ZIP NORTH MIAMI FL 33168

1.1 TITLE VP  
1.2 NAME Merke, Clarence  
1.3 STREET ADDRESS 905 N.W. 133rd St.  
1.4 CITY-ST-ZIP North Maimi, Fl. 33168

TITLE SD  
NAME BROWN, JUDY  
STREET ADDRESS 1100 N.W. 128TH ST  
CITY-ST-ZIP NORTH MIAMI FL 33168

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME COX, JAMES REV  
STREET ADDRESS 755 N.W. 125 ST  
CITY-ST-ZIP NORTH MIAMI FL 33168

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME WATT, MADELINE  
STREET ADDRESS 1020 NW 120TH ST  
CITY-ST-ZIP NORTH MIAMI FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME MUMFORD, RED  
STREET ADDRESS 750 N.W. 134TH ST  
CITY-ST-ZIP NORTH MIAMI FL 33168

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, with a power like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/16/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)