


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90002 011 ****61.25

DOCUMENT # N23726	
1. Entity Name TAHITI BEACH HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 6500 PRADO BOULEVARD CORAL GABLES, FL 33143	Mailing Address 6500 PRADO BOULEVARD CORAL GABLES, FL 33143
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50063340



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06292005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0036004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIDGE, CLAUDIA 6500 PRADO BOULEVARD CORAL GABLES, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

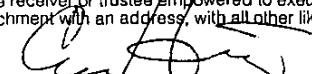
Filing Fee Is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME BALOGH, ROBERT STREET ADDRESS 6500 PRADO BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	<input checked="" type="checkbox"/> Delete	Director NAME Ertel, David STREET ADDRESS 6500 Prado Boulevard CITY-ST-ZIP Coral Gables, Florida 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME MARGOLIS, JAMES STREET ADDRESS 6500 PRADO BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME HARTZ, CHARLES M STREET ADDRESS 6500 PRADO BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME SOCOL, SHARON STREET ADDRESS 6500 PRADO BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME STERN, DAVID J STREET ADDRESS 6500 PRADO BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	<input checked="" type="checkbox"/> Delete	Director NAME Spiegel, Elsie STREET ADDRESS 6500 Prado Boulevard CITY-ST-ZIP Coral Gables, Florida 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Charles M. Hartz** **08/08/05** **(305) 663-1343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #