2006 NOT-FOR-PROFIT CORPORATION

Mar 22, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #711348** 1. Entity Name 03-22-2006 90005 016 ****61.25 NORTH BAY WHITE HOUSE ASSOCIATION NO. 4. INC. Principal Place of Business Mailing Address 1770 79TH ST CSWY APT 312 C/O PMS N BAY VIL, FL 33141 8299 CORAL WAY MIAMI, FL 33141 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROPERTY MANAGEMENT SERVICES CORP Street Address (P.O. Box Number is Not Acceptable) 8299 CORAL WAY MIAMI, FL 33155 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Change ☐ Addition TITLE ☐ Defete OILL, MINNIE NAME NAME 1770 79TH ST CSWY STREET ADDRESS STREET ADDRESS CITY - ST - ZIP N BAY VILLAGE, FL CITY-ST-ZIP TITLE **VPD** Defete TITLE ☐ Change ☐ Addition Jenny Rondon 1770 Kenneon eswy # PEREZ, MARGARITA M NAME 1770 KENNEDY CSWY, #305 STREET ADDRESS STREET ADDRESS NORTH BAY VILLAGE, FL 33141 CITY-ST-7IP CITY-ST-ZIP STD TITLE TITLE ☐ Change ☐ Addition BELTRAN, PEDRO NAME NAME 1770 KENNEDY CSWY, #105 STREET ADDRESS STREET ADDRESS NORTH BAY VILLAGE, FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. MINNIE OIL

NAME

STREET ADDRESS

CITY-ST-ZIP

Q Q SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

FILED

Daytime Phone #