


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90013 003 ****61.25

| | | | |
|--|---|---|---|
| DOCUMENT # N03000003680 | |  | |
| 1. Entity Name MIAMI BEACH GARDEN CLUB, INC. | | | |
| Principal Place of Business 238 E. SAN MARINO DRIVE MIAMI BCH, FL 33139 | | Mailing Address 238 E. SAN MARINO DRIVE MIAMI BCH, FL 33139 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| TOMLIN, CLAIRE 238 E. SAN MARINO DR. MIAMI BCH, FL 33139 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee Is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TOMLIN, CLAIRE 238 E. SAN MARINO DRIVE MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Judy Clark 5930 North Bayshore Drive Miami FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HELLMAN, ANDREA POBOX 611357 N. MIAMI, FL 33261 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Tamara Betson 19339 Collins Ave # 1607 Sunny Isles, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CLARK, JUDY 5930 NORTH BAYSHORE DRIVE MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Margo Hafelrat 314 W. San Marino Miami Beach FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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. | | | |
| SIGNATURE: <u>Claire Tomlin</u> | | 4/30/07 305 775 2466 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

40117340



05022007 Chg-NP CR2E037 (12/06)

ATTACHMENT 40117548
Division of Corporations

Annual Report

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| | |
|--|-------------------------------|
| Document Number | N03000003680 |
| Business Entity Name | MIAMI BEACH GARDEN CLUB, INC. |
| FEI Number | 200857485 |
| FEI Number Status | |
| Certificate of Status Desired | Yes |
| Election Campaign Financing Trust Fund Contribution | No |

Principal Place of Business

| | |
|-------------------------------|-------------------------|
| Address | 238 E. SAN MARINO DRIVE |
| Suite, Apt. #, etc. | |
| City, State | MIAMI BCH, FL |
| Zip Code & Country | 33139 |

Mailing Address

| | |
|-------------------------------|-------------------------|
| Address | 238 E. SAN MARINO DRIVE |
| Suite, Apt. #, etc. | |
| City, State | MIAMI BCH, FL |
| Zip Code & Country | 33139 |

Name and Address of Registered Agent

| | |
|--|-----------------------|
| Name (Last, First, Middle, Title) | TOMLIN, CLAIRE |
| Address | 238 E. SAN MARINO DR. |
| Suite, Apt. #, etc. | |
| City, State | MIAMI BCH, FL |
| Zip Code & Country | 33139 US |
| Registered Agent Signature | CLAIRE TOMLIN |

Officer/Director Name and Address

| | |
|--|---------------------------|
| Title | PD |
| Name (Last, First, Middle, Title) | CLARK, JUDY |
| Street Address | 5930 NORTH BAYSHORE DRIVE |
| City, State | MIAMI, FL |
| Zip Code & Country | 33137 |

| | |
|--------------|----|
| Title | SD |
|--------------|----|

Division of Corporations

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ATTACHMENT

Name (Last, First, Middle, Title) BENSON, TAMARA
Street Address 19333 COLLINS AVENUE #1607
City, State SUNNY ISLES, FL
Zip Code & Country 333160

40117548
N03000003680

Title TD
Name (Last, First, Middle, Title) HOFELDT, MARGO
Street Address 314 W. DILIDO DRIVE
City, State MIAMI BEACH, FL
Zip Code & Country 33139

Title TD
Officer/Director Signature MARGO HOFELDT

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