

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006989

Entity Name: MIAMI BEACH GARDEN CONSERVANCY, INC.**Current Principal Place of Business:**2000 CONVENTION CENTER DR
MIAMI BEACH, FL 33139**Current Mailing Address:**2000 CONVENTION CENTER DR
MIAMI BEACH, FL 33139**FEI Number:** 65-0811036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAPIRO, ARLENE SANDY
2000 CONVENTION CENTER DRIVE
MIAMI BEACH, FL 33139 US*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.***SIGNATURE:** ARLENE SHAPIRO

01/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	SHAPIRO, ARLENE S
Address	1050 93RD STREET
City-State-Zip:	BAY HARBOUR ISLANDS FL 33154

Title	DIRECTOR
Name	SPRING, DANIEL
Address	4261 ALTON ROAD
City-State-Zip:	MIAMI BEACH FL 33139

Title	PRESIDENT
Name	MUELLER, MARTY
Address	1614 EUCLID AVENUE, #3
City-State-Zip:	MIAMI BEACH FL 33139

Title	VP
Name	STIRMAN, AUDREY KANDI
Address	598 NW 152 STREET
City-State-Zip:	MIAMI FL 33169

Title	SECRETARY
Name	PACE, REAGAN
Address	2059 NORTH BAY ROAD
City-State-Zip:	MIAMI BEACH FL 33140

Title	TREASURER
Name	BENSON, TAMARA
Address	19333 COLLINS AVE 1607
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	DIRECTOR
Name	FLETCHER, PAULA
Address	3 ISLAND AVE 14A
City-State-Zip:	MIAMI BEACH FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARLENE SANDY SHAPIRO**EXECUTIVE DIRECTOR**

01/05/2017

Electronic Signature of Signing Officer/Director Detail

Date