FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

709240

(6)

NORTH BAY WHITE HOUSE ASSOCIATION, NO. 2, INC.

Principal Place of Business		Mailing Address		[E E E E E E E E	CIEN BABA ONN DIBN BIBN 1881	
1790 79TH ST CSWY N BAY VILLAGE FL 33141		C/O PMS 8299 CORAL WAY MIAMI FL 33155			Date Incorporated or Qualified 06/30/1965 FEI Number	Applied For
		US			NOT APPLICABLE	Not Applicable
2. Principal F	Place of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional
21		26	1		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
23		28			☐ Yes	⊠ No
Zip	Country	Zip	Country	ý	8. This corporation owes or has paid the	
24	9. Name and Address of Cur	[29] rent Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	
	or manie and made of our	Total Hogistorea Agoni	81	Name	To Halle and Address of Health Hogisteric	a rigoni
PMS CO	RPORATION		82	Stroot Add	Iress (P.O. Box Number is Not Acceptable)	
8299 CORAL WAY			02	Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI F			83			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508. Florida Statu	tes, the abov	e-named con	poration submits this statement for the purpose	of changing its registered
office or I	registered agent, or both, in the St	ate of Florida, Such change was ligations of Section 617 0503. FI	authorized b	y the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	an isoma way and accept no co	ingularia oli addisoli a (1 lacob) 1 l	onda olalalo	.		
	Signature, typed or printed name of registered			ent signature requi	ired when reinstating) DATE	
12.	,	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE	-		Change Addition
NAME	KEMPNER, ANNE		1.2 NAME			
STREET ADDRESS	1790 79TH CSWY			T ADDRESS		
CITY-ST-ZIF TITLE	N BAY VILLAGE FL	☐ DELETE	1.4 CITY - 1 2.1 TITLE	ST-ZIP		Change Addition
NAME	QUINN, ROBERT					Orlange recitati
STREET ADDRESS	1790 79TH CSWY		2.2 NAME 2.3 STREE	r ADDDGGG		
CITY-ST-ZIF	N BAY VIL FL		2.4 CITY-			
TITLE	VD	☐ DELETE	3.1 TITLE	31-21		Change Addition
NAME	Kenne, Louise		3.2 NAME			_ • _
STREET ADDRESS	1790 79TH CAUSEWAY		3.3 STREE	r ADDRESS		;
CITY - ST - ZIF	N. BAY VILLAGE FL		3.4. CITY-	I		
TITLE	W DW VIED OF 1E	DELETE	4.1 TITLE	<u> </u>		Change Addition
NAME			4, 2 NAME			_
STREET ADDRESS			4.3 STREE			
CITY-ST-ZIP			4.4 CITY - S	I		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	r Address		
CITY-ST-ZIP			5.4 CITY - 8	ST-ZIP		
TITLE		DELETE	6.1 TATLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE

AUNTEKENPUTIKE REQUIRES

pur 1/19/98

FILED

Feb 06 1998 8:00am

Secretary of State

861-9270