

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAR 15 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709242 (2)

1. Corporation Name
NORTH BAY WHITE HOUSE ASSOCIATION NO. 1, INC.

Principal Place of Business Mailing Address
1770 79 ST CAUSEWAY APT 306 NORTH BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1965
3a. Date of Last Report 04/06/1994
4. FEI Number 59-1575291
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PMS CORPORATION
8299 CORAL WAY
MIAMI FL 33155

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME RATZ, ALFRED M.
STREET ADDRESS 1800 KENNEDY CAUSEWAY, #309
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141
TITLE VD
NAME KAZANOFF, IRVING
STREET ADDRESS 1800 KENNEDY CAUSEWAY, #211
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141
TITLE STD
NAME CRAWFORD, NORA
STREET ADDRESS 1800 KENNEDY CAUSEWAY, #302
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE VP/D Change Addition
1.2 NAME Ratz, Alfred M.
1.3 STREET ADDRESS 1800 Kennedy Causeway # 309
1.4 CITY-ST-ZIP North Bay Village, FL 33141
2.1 TITLE P/D Change Addition
2.2 NAME KAZANOFF IRVING
2.3 STREET ADDRESS 1800 Kennedy Causeway #211
2.4 CITY-ST-ZIP North Bay Village, FL 33141
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Irving Kazanoff*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3/8/95
Date

Daytime Phone #