

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 1770 79 ST CAUSEWAY APT 306  
NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified 06/30/1965 3a. Date of Last Report 02/13/1996

2. Principal Place of Business 2a. Mailing Address

21 1800 74 ST CAUSEWAY 26 Suite, Apt. #, etc.

22 # 211 27 City & State

23 North Bay Village, FL 28 Zip Country

24 33141 25 29 30

4. FEI Number 59-1575291 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | VPD                         | <input type="checkbox"/> DELETE |
| NAME           | RATZ, ALFRED M.             |                                 |
| STREET ADDRESS | 1800 KENNEDY CAUSEWAY, #309 |                                 |
| CITY-ST-ZIP    | NORTH BAY VILLAGE FL        |                                 |
| TITLE          | PD                          | <input type="checkbox"/> DELETE |
| NAME           | KAZANOFF, IRVING            |                                 |
| STREET ADDRESS | 1800 KENNEDY CAUSEWAY, #211 |                                 |
| CITY-ST-ZIP    | NORTH BAY VILLAGE FL        |                                 |
| TITLE          | STD                         | <input type="checkbox"/> DELETE |
| NAME           | SPECTOR, ANNE               |                                 |
| STREET ADDRESS | 1800 KENNEDY CAUSEWAY 1     |                                 |
| CITY-ST-ZIP    | NORTH BAY VILLAGE FL        |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNING OFFICER OR DIRECTOR

1/27/97