

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90185 040 ****61.25

DOCUMENT # 710630

1. Entity Name

MIAMI BEACH BAR ASSOCIATION



Principal Place of Business

C/O JUDITH FRANCEL
960 ARTHUR GODFREY ROAD, #116
MIAMI BEACH FL 33140
US

Mailing Address

C/O JUDITH FRANCEL
960 ARTHUR GODFREY ROAD, #116
MIAMI BEACH FL 33140
US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2291789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERTZ, STEPHEN G
767 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140-3413**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	P	<input checked="" type="checkbox"/> Delete
NAME	SPILL, JOE	
STREET ADDRESS	9100 S DADELAND BLVD., SUITE 504	
CITY- ST- ZIP	MIAMI FL 33156	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GONYORA, MICHAEL	
STREET ADDRESS	121 ALHAMBRA PLAZA, 10TH FLR	
CITY- ST- ZIP	CORAL GABLES FL 33134	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GALBURT, SQUIRAS	
STREET ADDRESS	767 ARTHUR GODFREY	
CITY- ST- ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JUDITH, FRANKEL	
STREET ADDRESS	960 ARTHUR GODFREY ROAD, SUITE 116	
CITY- ST- ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONYORA, MICHAEL	
STREET ADDRESS	121 ALHAMBRA PLAZA, 10TH FL.	
CITY- ST- ZIP	CORAL GABLES, FL. 33134	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUIRES, GILBERT	
STREET ADDRESS	767 ARTHUR GODFREY RD	
CITY- ST- ZIP	MIAMI BEACH, FL. 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-07

Date

305-674-1345

Daytime Phone #