

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 711321 (0)
1. Corporation Name
NORTH BAY WHITE HOUSE ASSOCIATION NO. 3, INC.



| | | | | | |
|--|--|--|--|--|--|
| Principal Place of Business BREGMAN, ANNE 1780 79TH ST CSWY #C203 NO BAY VILLAGE FL 33141 US | | Mailing Address % PMS 8299 CORAL WAY MIAMI FL 33155 US | | 3. Date Incorporated or Qualified 08/10/1966 | 3a. Date of Last Report 03/17/1995 |
|--|--|--|--|--|--|

| | | | |
|---|---------------------------|--|---------------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 City & State | 28 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Zip | 25 Country | 29 Zip | 30 Country |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BREGMAN, ANNE | 1.2 NAME | |
| STREET ADDRESS | 1780 KENNEDY CAUSEWAY #203 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. BAY VILLAGE FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIL, YOLANDA | 2.2 NAME | |
| STREET ADDRESS | 1780 KENNEDY CAUSEWAY #208 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. BAY VILLAGE FL | 2.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACCIONE, JAMES | 3.2 NAME | |
| STREET ADDRESS | 1780 KENNEDY CAUSEWAY #101 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. BAY VILLAGE FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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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: *Anne Bregman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *1/19/96*
Daytime Phone #: *56-3-5-96*

CR2E037 (12/95)