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Secretary of State

03-03-1999 90056 045 ****61.25

0032154

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 711321

1. Corporation Name
NORTH BAY WHITE HOUSE ASSOCIATION NO. 3, INC.

154458 90056 045

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



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 08/10/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREGMAN, ANNE	1.2 NAME	Bregman, ANNE
STREET ADDRESS	1780 KENNEDY CAUSEWAY #203	1.3 STREET ADDRESS	1780 Kennedy Causeway #203
CITY-ST-ZIP	N. BAY VILLAGE FL	1.4 CITY-ST-ZIP	N Bay Village, FL 33141
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORERA, JAVIER	3.2 NAME	Moreira, JAVIER
STREET ADDRESS	1780 KENNEDY CAUSEWAY #302	3.3 STREET ADDRESS	1780 Kennedy Causeway #101
CITY-ST-ZIP	N BAY VILLAGE FL	3.4 CITY-ST-ZIP	N Bay Village, FL 33141
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	

14. I 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, with all other like empowered.

SIGNATURE: JAVIER MORERA SIGNATURE REQUIRED Date: 2-5-99 Daytime Phone #: 305-867-0597

CR2E037 (1/198)