


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90193 003 \*\*\*\*61.25

**DOCUMENT # 711321**

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**PMS CORPORATION**  
**8299 CORAL WAY**  
**MIAMI FL 33155**

**7. Name and Address of New Registered Agent**

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

**FILE NOW: FEE IS \$61.25**

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**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BREGMAN, ANNE</b>	
STREET ADDRESS	<b>1780 KENNEDY CAUSEWAY #203</b>	
CITY-ST-ZIP	<b>N. BAY VILLAGE FL 33141</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ-SORRELL, FE</b>	
STREET ADDRESS	<b>1780 KENNEDY CAUSEWAY #311</b>	
CITY-ST-ZIP	<b>NORTH BAY VILLAGE FL 33141</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>GINSBERG, SIDNEY</b>	
STREET ADDRESS	<b>1780 KENNEDY CAUSEWAY, #201</b>	
CITY-ST-ZIP	<b>N BAY VILLAGE FL 33141</b>	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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 exemption stated in Section 119.07(3)(i), 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 REQUIRED** *1/20/03* *305-265-4200*

CR2E037 (10/02)