


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90154 039 \*\*\*\*61.25

<b>DOCUMENT # 711446</b>	
1. Entity Name <b>SOUTH MIAMI HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>5871 SW 83RD ST. SOUTH MIAMI FL 33143</b>	Mailing Address <b>P.O. BOXS 432756 SOUTH MIAMI FL 33143</b>
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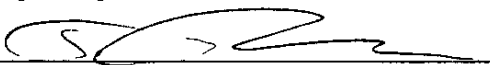
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent <b>BECKMAN, JAY 6520 SW 65TH ST. SOUTH MIAMI FL 33143</b>	
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7. Name and Address of New Registered Agent Name <b>CUZZOCREA JR, Frank J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>CUZZOCREA JR. FRANK</b> <b>5880 SW 74 Terrace, 4F</b> City <b>South MIAMI</b> FL Zip Code <b>33143</b>	
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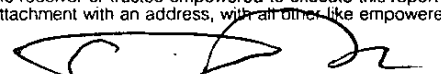
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Frank J Cuzzocrea Jr** 3/21/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKMAN, JAY 6520 SW 65 ST S MIAMI FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUZZOCREA JR, Frank J 5880 SW 74 Terrace, 4F South MIAMI FL 33143 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, WALTER 7100 SW 64 CT. S MIAMI FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MELTZER, FRANCES</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIL, LUIS 7450 SW 64 CT. S MIAMI FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MELTZER, FRANCES 5340 SW 60 AVE South MIAMI FL 33143 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECKMAN, YVONNE 5871 SW 83 ST S MIAMI FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, WALTER 7100 SW 64 CT South MIAMI, FL 33143 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIDSON-SCHMIDT, Michael 6800 SW 65 AVE South MIAMI FL 33143 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:  **Frank J Cuzzocrea Jr** 3/21/06 786-417-1501