

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90147 021 ****61.25

DOCUMENT # 711446

1. Entity Name

SOUTH MIAMI HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**5871 SW 83RD ST.
SOUTH MIAMI FL 33143**

Mailing Address

**P.O. BOXES 432756
SOUTH MIAMI FL 33143**



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 (10/07)

4. FEI Number

NO-T APPLICABLE

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

**CUZZOCERA, FRANK JR
5880 SW 74 TERRACE
MIAMI FL 33143**

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, typed or printed name, of registered agent and the filer.

(NOTE: Registered Agent signature is required when changing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **P**
STREET ADDRESS **CUZZOCERA, FRANK JR**
CITY-ST-ZIP **5480 SOUTH TERRACE AVE
MIAMI FL 33143**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Walter Harris**
CITY-ST-ZIP **7100 SW 64 CT
Miami, FL 33143**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **MELTZER, FRANCES**
CITY-ST-ZIP **8340 SW 60 AVE
MIAMI FL 33143**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **Fred Truby**
CITY-ST-ZIP **7500 S.W. 63 AVE
Miami, FL 33143**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HARRIS, WALTER**
CITY-ST-ZIP **7100 SW 64 CT
MIAMI FL 33143**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **Daniel Montana**
CITY-ST-ZIP **6770 SW 76 Terr
Miami, Fla 33143**

TITLE ☐ Delete
NAME **SE**
STREET ADDRESS **DAVIDSON-SCHMIDT, MICHAEL**
CITY-ST-ZIP **6800 SW 65 AVE
MIAMI FL 33143**

TITLE ☒ Change ☐ Addition
NAME **SE**
STREET ADDRESS **Frances Meltzer**
CITY-ST-ZIP **8340 SW 60 Ave.
Miami, Fla 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, typed or printed name, of signing officer or director

April 11, 2008

305-661-6305