

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90089 005 ****61.25

DOCUMENT # 717903

1. Corporation Name

MIAMI BEACH HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

BENITA ARGOS, PRESIDENT
1345 WEST AVE., #304
MIAMI BEACH FL 33139

Mailing Address

BENITA ARGOS, PRESIDENT
1345 WEST AVE., #304
MIAMI BEACH FL 33139



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/15/1970

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ARGOS, BENITA
1345 W. AVE. #304
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 *Benita Argos* **BENITA ARGOS**

4/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME ARGOS, BENITA
STREET ADDRESS 1345 W. AVE. #304
CITY-ST-ZIP MIAMI BEACH, FL 00000

TITLE ☐ DELETE

TD
NAME RUDT, SAM
STREET ADDRESS 4480 NAUTILUS DR
CITY-ST-ZIP MIAMI BCH, FL 00000

TITLE ☒ DELETE

VD
NAME ABELOW, JOSEPH
STREET ADDRESS 4585 MERIDIAN AVE.
CITY-ST-ZIP MIAMI BEACH, FL 00000

TITLE ☒ DELETE

VD
NAME SOSHUK, MARIANNE
STREET ADDRESS 4450 NAUTILUS DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 00000

TITLE ☒ DELETE

SD
NAME MAKOVSKY, BERTHA
STREET ADDRESS 4220 PINETREE DR.
CITY-ST-ZIP MIAMI BEACH, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

TD
GERTRAUDE R. MILLER
1776 JAMES AVE #2E
MIAMI BEACH, FL 33139

2.4 CITY-ST-ZIP ☒ Change ☐ Addition

VD-1
BUNNY PATCHEN
2068 NO. BAY ROAD
MIAMI BEACH, FL 33139

3.1 TITLE ☐ Change ☐ Addition

D
LILIANA IVEZIC
1820 JAMES AVE #6-A
MIAMI BEACH, FL 33139

3.4 CITY-ST-ZIP ☒ Change ☐ Addition

SD
HELLEN GELLER
1776 JAMES AVE #2-B
MIAMI BEACH, FL 33139

4.1 TITLE ☐ Change ☒ Addition

VD-2
JOSEPH FONTANA
5750 COLLINS AVE #16-G
MIAMI BEACH, FL 33140

4.2 NAME

4.3 STREET ADDRESS

4.4 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: *Benita Argos* **BENITA ARGOS, PRESIDENT** **4/27/99** **(305)531-6932**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0027899