

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90035 007 ****61.25

DOCUMENT # 717903

1. Entity 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

94051694



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT 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

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

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

TITLE **TD** ☒ Delete
NAME **MILLER, GERTRUDE R**
STREET ADDRESS **1776 JAMES AVENUE #2-E**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

TITLE **VD** ☒ Delete
NAME **PATCHEN, BUNNY**
STREET ADDRESS **2068 NORTH BAY ROAD**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☒ Change ☐ Addition
NAME **PATCHEN, BUNNY**
STREET ADDRESS **2068 NORTH BAY ROAD**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **D** ☒ Delete
NAME **IVEZIC, LILIANA**
STREET ADDRESS **1820 JAMES AVENUE #6-A**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

TITLE **SD** ☐ Delete
NAME **GELLER, HELLEN**
STREET ADDRESS **1776 JAMES AVENUE #2-B**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

TITLE **VD** ☐ Delete
NAME **FONTANA, JOSEPH**
STREET ADDRESS **5750 COLLINS AVENUE #16-G**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

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 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: BENITA ARGOS **BENITA ARGOS, PRESIDENT** 4/6/04 305-672-8564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #