


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 717903</b> 1. Entity Name <b>MIAMI BEACH HOME OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>BENITA ARGOS, PRESIDENT</b> <b>1345 WEST AVE., #304</b> <b>MIAMI BEACH, FL 33139</b>	Mailing Address <b>BENITA ARGOS, PRESIDENT</b> <b>1345 WEST AVE., #304</b> <b>MIAMI BEACH, FL 33139</b>
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01262005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ARGOS, BENITA</b> <b>1345 W. AVE. #304</b> <b>MIAMI BEACH, FL 33139</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100000290698</b> <b>04/06/05-80078-011 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARGOS, BENITA 1345 W. AVE. #304 MIAMI BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATCHEN, BUNNY 2068 NORTH BAY ROAD MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GELLER, HELLEN 1776 JAMES AVENUE #2-B MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FONTANA, JOSEPH 5750 COLLINS AVENUE #16-G MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, PRES** **4/1/05** **305-672-8564**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #