

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

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**



04232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE
STD
NAME
PATCHEN, BUNNY
STREET ADDRESS
2068 NORTH BAY ROAD
CITY-STATE-ZIP
MIAMI BEACH, FL 33139

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000739063
05/14/07-80010-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Benita Argos, Pres* **BENITA ARGOS**

4/20/07 **305-673-7000** *670*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #