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FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739054 (5)

1. Corporation Name

NORTH MIAMI BEACH PROPERTY OWNERS IMPROVEMENT AS  
SOCIATION, INC.

Principal Place of Business

Mailing Address

15900 NE 13TH AVENUE  
NORTH MIAMI BEACH FL 33160-0574P.O. BOX 600574  
NORTH MIAMI BEACH FL 33160-05743. Date Incorporated or Qualified  
05/19/19773a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number  
59-2024274Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME BYRON, ROBERT J  
STREET ADDRESS 2079 NE 179 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FLTITLE T ☐ DELETE  
NAME ANDERSON, RUTH  
STREET ADDRESS 18360 N.E. 20 CT.  
CITY-ST-ZIP N MIAMI BCH, FL 00000TITLE D ☒ DELETE  
NAME CANTER, JULES  
STREET ADDRESS 16850 S. GLADES DR.  
CITY-ST-ZIP N MIAMI BCH, FL 00000TITLE S ☐ DELETE  
NAME MORSE, BEATRICE  
STREET ADDRESS 1582 N.E. 180 ST  
CITY-ST-ZIP N MIAMI BCH, FL 00000TITLE D ☒ DELETE  
NAME FELDMAN, HY  
STREET ADDRESS 16450 MIAMI DR.  
CITY-ST-ZIP N. MIAMI BEACH FLTITLE D ☐ DELETE  
NAME GRAHM, HELEN  
STREET ADDRESS 2025 NE 184 STREET #816  
CITY-ST-ZIP N. MIAMI BCH. FL1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME SHAPP, AL  
1.3 STREET ADDRESS 16450 MIAMI DRIVE #204  
1.4 CITY-ST-ZIP No MIAMI BCH, FL 331622.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE M ☐ Change ☒ Addition  
3.2 NAME MARIANNE BONVICINI  
3.3 STREET ADDRESS 1634 NE 171 STREET  
3.4 CITY-ST-ZIP No MIAMI BCH, FL 331624.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME DAVID STARKE  
5.3 STREET ADDRESS 1980 NE 187 DRIVE  
5.4 CITY-ST-ZIP No MIAMI BCH, FL 331796.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Marianne Bonvicini

MARIANNE BONVICINI/1-1397/305-940-3249

CP2E037 (9/96)