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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739054** (5)

1. Corporation Name

**NORTH MIAMI BEACH PROPERTY OWNERS IMPROVEMENT AS
SOCIATION, INC.**

Principal Place of Business

Mailing Address

**15800 NE 13TH AVENUE
NORTH MIAMI BEACH FL 33180-0574**

**P.O. BOX 600574
NORTH MIAMI BEACH FL 33180-0574**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified

05/19/1977

4. FEI Number

59-2024274

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOFFAT, JOSEPH
15900 NE 13TH AVE.
N MIAMI BEACH FL 33182**

81. Name

MARIANNE BONVICINI

82. Street Address (P.O. Box Number is Not Acceptable)

1634 N.E. 171 STREET

83.

84.

NO MIAMI BCH

FL

85. Zip Code
33162

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

Marianne Bonvicini

2-18-98

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	P
NAME	SHAPP, AL
STREET ADDRESS	16450 MIAMI DR., #704
CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE	T
NAME	ANDERSON, RUTH
STREET ADDRESS	18360 N.E. 20 CT.
CITY-ST-ZIP	N MIAMI BCH, FL 00000
TITLE	M
NAME	MARIANNE BONVICINI
STREET ADDRESS	1634 NE 171 ST.
CITY-ST-ZIP	N MIAMI BCH, FL 00000
TITLE	S
NAME	MORSE, BEATRICE
STREET ADDRESS	1582 N.E. 180 ST
CITY-ST-ZIP	N MIAMI BCH, FL 00000
TITLE	D
NAME	DAVID STARKE
STREET ADDRESS	1980 NE 187 DR.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	GRAHM, HELEN
STREET ADDRESS	2025 NE 164 STREET #816
CITY-ST-ZIP	N. MIAMI BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	P
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33162
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33162
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33162
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33162
5.1 TITLE	D
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33162
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	33162

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.

SIGNATURE: *Marianne Bonvicini* **MARIANNE BONVICINI**
2-18-98 305-940-3249

CR2E037 (10/97)