


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90026 045 \*\*\*\*61.25

<b>DOCUMENT # 739054</b> 1. Entity Name <b>NORTH MIAMI BEACH PROPERTY OWNERS IMPROVEMENT ASSOCIATION, INC.</b>					
Principal Place of Business 1634 NE 171 STREET NO MIAMI BEACH, FL 33162				Mailing Address P.O. BOX 600574 NORTH MIAMI BEACH, FL 33160-0574	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2024274</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NAPOLITANO, MARIANNE</b> <b>1634 N.E. 171 STREET</b> <b>N MIAMI BEACH, FL 33162</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAPP, AL		NAME		
STREET ADDRESS	16450 MIAMI DR., #704		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE	MT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAPOLITANO, MARIANNE		NAME		
STREET ADDRESS	1634 NE 171 ST.		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH, FL 33162		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUMOEHL, MARILYN		NAME		
STREET ADDRESS	18635 NE 20TH CT		STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBERTO, BRUCE		NAME		
STREET ADDRESS	3420 NE 165 ST		STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSARIO, JOSE		NAME		
STREET ADDRESS	1325 NE 152 CT		STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI BCH, FL 33162		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SYLVESTER, ETHYLN		NAME		
STREET ADDRESS	1930 NE 185 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI BEACH, FL 33179		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.					
<b>SIGNATURE:</b> <i>Marianne Napolitano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-1-04      305-940-3249 <small>Date      Daytime Phone #</small>		