

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 739054

1. Entity Name
**NORTH MIAMI BEACH PROPERTY OWNERS
IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business
**1950 NE 157TH TERR
NO MIAMI BEACH, FL 33162**

Mailing Address
**P.O. BOX 600574
NORTH MIAMI BEACH, FL 33160-0574**

DO NOT WRITE IN THIS SPACE



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2024274

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HILTON, MARY
1950 NE 157TH TERR
NO MIAMI BEACH, FL 33162**

**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 Mary Hilton MARY HILTON M/H/C 2-3-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000222627
02/10/05-80009-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHAPP, AL
STREET ADDRESS	16450 MIAMI DR., #704
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	MPC
NAME	HILTON, MARY
STREET ADDRESS	1950 NE 157TH TERR
CITY-ST-ZIP	NO MIAMI BEACH, FL 33162
TITLE	D
NAME	BAUMOEHL, MARILYN
STREET ADDRESS	18635 NE 20TH CT
CITY-ST-ZIP	NO MIAMI BEACH, FL 33179
TITLE	DV
NAME	GULDSTRAND, KEN
STREET ADDRESS	27 NW 169TH STREET
CITY-ST-ZIP	NO MIAMI BEACH, FL 33169
TITLE	DV
NAME	ALLISON, ROBIE
STREET ADDRESS	2131 NE 179TH STREET
CITY-ST-ZIP	NO MIAMI BEACH, FL 33162
TITLE	DT
NAME	OHALPIN, VIRGINIA
STREET ADDRESS	3447 NE 168TH STREET
CITY-ST-ZIP	N MIAMI BEACH, FL 33160

**DO NOT WRITE
IN THIS SPACE**

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: Mary Hilton MARY HILTON M/H/C 2-3-05 (305) 945 5655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #