

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90136 023 \*\*\*\*61.25

**DOCUMENT # 739054**

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



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**

**22000128**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2024274**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAPOLITANO, MARIANNE  
1634 N.E. 171 STREET  
N MIAMI BEACH FL 33162**

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SHAPP, AL**  
STREET ADDRESS **16450 MIAMI DR., #704**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D/S** ☒ Change ☐ Addition  
NAME **SHAPP, AL**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MT** ☐ Delete  
NAME **NAPOLITANO, MARIANNE**  
STREET ADDRESS **1634 NE 171 ST.**  
CITY-ST-ZIP **N MIAMI BCH FL 33162**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **MORSE, BEATRICE**  
STREET ADDRESS **1582 N.E. 180 ST**  
CITY-ST-ZIP **N MIAMI BCH FL 33162**

TITLE **C** ☐ Change ☒ Addition  
NAME **BAUMOEHL, MARILYN**  
STREET ADDRESS **18635 NE 20 COURT**  
CITY-ST-ZIP **NO MIAMI BEACH, FL 33179**

TITLE **D** ☒ Delete  
NAME **MOFFATT, JOSEPH H**  
STREET ADDRESS **4400 HILLCREST DR. #318**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D/C** ☐ Change ☒ Addition  
NAME **LAMBERTO, BRUCE**  
STREET ADDRESS **3420 NE 165 STREET**  
CITY-ST-ZIP **NO MIAMI BEACH, FL 33160**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Change ☒ Addition  
NAME **ROSARIO, JOSE**  
STREET ADDRESS **1325 NE 152 STREET**  
CITY-ST-ZIP **NO MIAMI BEACH, FL 33162**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **SYLVESTER, ETHELYN**  
STREET ADDRESS **1930 NE 185 TERRACE**  
CITY-ST-ZIP **NO MIAMI BEACH, FL 33179**

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: *[Signature]*

1-30-03 305-940-3249

CR2E037 (10/02)