

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741498

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MIAMI BEACH HOUSING, INC.

**Current Principal Place of Business:**

200 ALTON ROAD  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

200 ALTON ROAD  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 59-0603186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BOUTSIS, EVE A  
18001 OLD CUTLER ROAD, UNIT 6556  
C/O NAGIN GALLOP FIGUEREDO, PA  
VILLAGE OF PALMETTO BAY, FL 33157 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEL CAMPILLO, MIGUELL  
Address: 200 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete  
Name: GARWICK, MATTHEW  
Address: 200 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete  
Name: O'HARA, MICHAEL  
Address: 200 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete  
Name: WASHINGTON, KATREENA V  
Address: 200 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATREENA WASHINGTON

T

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date