

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 758875

1. Entity Name
SOUTH FLORIDA FREE BEACHES/FLORIDA NATURIST
ASSOCIATION, INC.



Principal Place of Business
1316 NE 105 STREET
SUITE 103
MIAMI SHORES, FL 33138-2129 US

Mailing Address
PO BOX 530306
MIAMI SHORES, FL 33153-0306 US

FILED
07 APR 30 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 Chg-NP CR2E037 (12/06) 07

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

MASON, RICHARD
1316 NE 105 STREET
STE. 104
MIAMI SHORES, FL 33138

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 10

TITLE P ☐ Delete
NAME MASON, RICHARD
STREET ADDRESS 1316 N.E. 105 STREET #104
CITY-ST-ZIP MIAMI SHORES, FL 33138

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

TITLE D ☐ Delete
NAME FRIDERICH, PAUL
STREET ADDRESS 2620 SE 5 COURT
CITY-ST-ZIP POMPANO BEACH, FL 33062

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

TITLE SD ☐ Delete
NAME BAUM, DAVID
STREET ADDRESS 1709 NORTH 41 AVENUE
CITY-ST-ZIP HOLLYWOOD, FL 33021

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

TITLE VD ☐ Delete
NAME MITCHELL, NORMA
STREET ADDRESS 3800 SW 142 AVE.
CITY-ST-ZIP DAVIE, FL 33330

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

TITLE D ☐ Delete
NAME LOTT, CLYDE
STREET ADDRESS 1316 NE 105TH STREE #102
CITY-ST-ZIP MIAMI SHORES, FL 33138

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07 305-620-7090