

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003842

**FILED**  
**Aug 10, 2004**  
**Secretary of State****Entity Name:** MIAMI BEACH CONDOMINIUM AND HOMEOWNERS ALLIANCE, INC.**Current Principal Place of Business:**300-71ST STREET  
SUITE #405  
MIAMI BEACH, FL 33141**New Principal Place of Business:****Current Mailing Address:**300-71ST STREET  
SUITE #405  
MIAMI BEACH, FL 33141**New Mailing Address:****FEI Number:** 65-1026835**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JONAS, DANIEL E  
300-71ST STREET  
SUITE #405  
MIAMI BEACH, FL 33141**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:** D ( ) Delete  
**Name:** HARRIS, RONALD  
**Address:** 5750 COLLINS AVE. APT. 6D  
**City-St-Zip:** MIAMI BEACH, FL 33140**Title:** D ( ) Delete  
**Name:** HELLMAN, SHEILA  
**Address:** 465 OCEAN DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** D ( ) Delete  
**Name:** FONTANA, JOSEPH  
**Address:** 5750 COLLINS AVE. APT. 16G  
**City-St-Zip:** MIAMI BEACH, FL 33140**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:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH FONTANA

D

08/10/2004

Electronic Signature of Signing Officer or Director

Date