

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003840

FILED
Mar 08, 2009
Secretary of State

Entity Name: NORTH MIAMI WESTSIDE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1565 NW 121TH STREET
NORTH MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

1565 NW 121TH STREET
NORTH MIAMI, FL 33167

New Mailing Address:

FEI Number: 75-3055985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, VIVIAN
1565 NW 121TH ST
NORTH MIAMI, FL 33167 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: MERKE, CLARENCE
Address: 905 NW 133TH ST
City-St-Zip: NORTH MIAMI, FL 33168

Title: VP () Delete
Name: DEAN, VIVIAN
Address: 1565 NW 121 ST
City-St-Zip: NORTH MIAMI, FL 33167

Title: S () Delete
Name: ALSTON, JESSICA
Address: 1140 NW 125TH ST
City-St-Zip: NORTH MIAMI, FL 33168

Title: T () Delete
Name: PERARD, HENRY R
Address: 1210 N.W. 126TH STREET
City-St-Zip: NORTH MIAMI, FL 33167

Title: D () Delete
Name: MALCOLM, PHILIP
Address: 1235 NW 126TH ST
City-St-Zip: NORTH MIAMI, FL 33167

Title: D () Delete
Name: STERIL, ERLANDE
Address: 1005 NW 128TH ST
City-St-Zip: NORTH MIAMI, FL 33168

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:

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: HRP

T

03/08/2009

Electronic Signature of Signing Officer or Director

Date