


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000008452</b> 1. Entity Name THE MIDDLE NORTH BAY ROAD HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 4447 N BAY RD MIAMI BCH, FL 33140-2218	Mailing Address 4447 N BAY RD MIAMI BCH, FL 33140-2218
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 04-3721238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BURNSTINE, MICHAEL 4447 N BAY RD MIAMI BCH, FL 33140-2218
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UD00000707096 04/24/07-80060-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURNSTINE, MICHAEL 4447 N BAY RD MIAMI BCH, FL 331402218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT UNGER, LAINE 4565 N BAY ROAD MIAMI BEACH, FL 331402218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPIEGELMAN, LEE 4404 N BAY RD MIAMI BEACH, FL 331402218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** ML BB **4/9/07** **305-531-2413**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #