

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90266 011 ****70.00

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1. Entity Name

SUNNY ISLES BEACH CITIZENS COALITION, INC.



Principal Place of Business

SUNNY ISLES BEACH
230 174 STREET, #305
SUNNY ISLES BEACH FL 33160

Mailing Address

HENRY B. KAY
230 174 STREET, #305
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

230 174 STR

3. Mailing Address

SAME

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

SAME

City & State

SUNNY ISLE BEACH

City & State

SAME

Zip

33160

Country

USA

Zip

SAME

Country

USA

6. Name and Address of Current Registered Agent

KAY, HENRY B.
230 174 ST
305
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

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 restate)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE P ☐ Delete
NAME KAY, HENRY B
STREET ADDRESS 230 174 STREET, #305
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE T ☐ Delete
NAME TAFT, GLORIA
STREET ADDRESS 210 174 STREET, #2405
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE VP ☐ Delete
NAME GABOR, HASSIDA
STREET ADDRESS 210 124 STREET, #903
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE S ☐ Delete
NAME BEKOFF, AUDREY
STREET ADDRESS 210 174 STREET, #1802
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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 Section 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: HENRY B KAY *Henry B Kay*

2-27-06 305 682 7936