
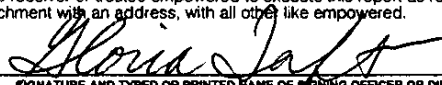


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90036 049 ****70.00

DOCUMENT # N02000008613		
1. Entity Name SUNNY ISLES BEACH CITIZENS COALITION, INC.		
Principal Place of Business 230 174 STR 305 SUNNY ISLES BEACH, FL 33160	Mailing Address 230 174 STR 305 SUNNY ISLES BEACH, FL 33160	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KAY, HENRY B 230 174 ST 305 SUNNY ISLES BEACH, FL 33160		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAY, HENRY B 230 174 STREET, #305 SUNNY ISLES BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAFT, GLORIA 210 174 STREET, #2405 SUNNY ISLES BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GABOR, HASSIDA 210 124 STREET, #903 SUNNY ISLES BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEKOFF, AUDREY 210 174 STREET, #1802 SUNNY ISLES BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: 		March 6, 2007 305.466.2924
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



03012007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**