

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007425

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** NORTH MIAMI BEACH WATER FUND, INC.

**Current Principal Place of Business:**

17050 NE 19 AVE  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

17050 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

17050 NE 19 AVE  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

17050 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 57-1183732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARBARA, TRINKA F  
17011 NE 19TH AVE  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

BARBARA, TRINKA F  
17050 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 US

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: BARBARA TRINKA

03/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: MAVON, SHARAREH KAMALI  
Address: 17050 NE 19TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: O  
Name: TRINKA, BARBARA  
Address: 17050 NE 19TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: O  
Name: WEISBLUM, ROSLYN  
Address: 17050 NE 19TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D  
Name: HARTMAN, GERALD C  
Address: 201 E PINE STREET  
City-St-Zip: ORLANDO, FL 32801

Title: D  
Name: COOK, CHARLES  
Address: 1980 NE 175TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: O  
Name: MANZANARES, DEYANIRA  
Address: 17050 NE 19TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: BARBARA TRINKA

O

03/14/2011

Electronic Signature of Signing Officer or Director

Date