

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007425

FILED  
Feb 27, 2012  
Secretary of State

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

**Current Principal Place of Business:**

17050 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

17050 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**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  
17050 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 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:** 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:** 618 EAST SOUTH STREET, SUITE 700  
**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

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02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date