

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03485

Entity Name: MIAMI BACH SOCIETY, INC.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

2912 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4034  
CORAL GABLES, FL 33114

**New Mailing Address:**

FEI Number: 59-2429406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BERKE, MICHAEL A MR.  
AKERMANN, SENTERFITT, 1 SOUTHEAST 3RD AVE  
MIAMI, FL 33131 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: PD ( ) Delete  
Name: FALES, GORDON  
Address: 6815 PALLAZZO STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: SD ( ) Delete  
Name: VEATER, CLAIRE W  
Address: 10453 SW 114 STREET  
City-St-Zip: MIAMI, FL 33176

Title: DT ( ) Delete  
Name: BEWLEY, KINGSLEY  
Address: 566 STONEMONT DRIVE  
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete  
Name: ABBOTT, THOMAS  
Address: 6871 SW 128TH STREET  
City-St-Zip: MIAMI, FL 33156 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ANDING, VOLKER  
Address: 600 BILTMORE WAY, APT. 307  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: KATHRYN, GAUBATZ  
Address: 2912 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHRYN GAUBATZ

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date