

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

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001542

1. Entity Name
SUNNY ISLES BEACH CHAMBER OF COMMERCE, INC.



Principal Place of Business
**1870 NE 171 ST
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**1870 NE 171 ST
NORTH MIAMI BEACH, FL 33162**



04022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0794687

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANSDORF, ABRAHAM B
1870 NE 171 ST
NORTH MIAMI BEACH, FL 33162**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POPPER, MELANIE T
STREET ADDRESS	1750 NE 167 ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	V
NAME	TEMPLER, PAUL
STREET ADDRESS	8811 CLEARY BLVD
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	V
NAME	LANDMEIER, DREW
STREET ADDRESS	4300 ALTON RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	S
NAME	ADGER, ELLIS
STREET ADDRESS	9250 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80043-018 61.25

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IN THIS SPACE**

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

PAUL TEMPLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/07 705-944-8500