



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90027 005 ****61.25

DOCUMENT # N04000009078					
1. Entity Name SUNNY ISLES BEACH COALITION OF CONCERNED CITIZENS, INC.					
Principal Place of Business 16445 COLLINS AVENUE 2ND FLOOR SUNNY ISLES BEACH, FL 33160			Mailing Address 16445 COLLINS AVENUE 2ND FLOOR SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business <i>19111 Collins Ave</i> Suite, Apt. #, etc. <i>MANAGEMENT OFFICE</i> City & State <i>Sunny Isles Beach FL</i> Zip <i>33160</i> Country <i>U.S.A</i>		3. Mailing Address <i>19111 Collins Ave</i> Suite, Apt. #, etc. <i>MANAGEMENT OFFICE</i> City & State <i>Sunny Isles Beach FL</i> Zip <i>33160</i> Country <i>U.S.A</i>			
02082006 Chg-NP				CR2E037 (11/05)	
4. FEI Number 34-2018141				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, GARY S 4000 HOLLYWOOD BLVD SUITE 265-SOUTH HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>[Signature]</i> Treasurer <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <i>8/24/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUSCO, ALEXANDER		NAME		
STREET ADDRESS	16445 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOR, JAD		NAME		
STREET ADDRESS	17555 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE	AV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BADIA, JIM		NAME		
STREET ADDRESS	17375 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEHAR, JOE		NAME		
STREET ADDRESS	19111 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTRELL, MERCI		NAME		
STREET ADDRESS	16711 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>8/24/06</i>		Daytime Phone # <i>305-373-1615</i>