

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90041 037 ****61.25

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1. Entity Name
MARSH HARBOUR 41 CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
2121 PONCE DE LEON BLVD
PH
CORAL GABLES, FL 33134

Mailing Address
2121 PONCE DE LEON BLVD
PH
CORAL GABLES, FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2074 W. INDIANTOWN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
STE #200

08202007

Chg-NP

CR2E037 (12/06)

City & State

City & State
JUPITER, FL

4. FEI Number
20-4513095

Applied For

Not Applicable

Zip

Country

Zip
33466

Country
PB

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTERED AGENTS OF FLORIDA, L.L.C.
100 SE SECOND ST STE 2900
MIAMI, FL 33131-2130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ADAMS, BRUCE ☐ Delete
STREET ADDRESS 2121 PONCE DE LEON BLVD, PH
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE VD
NAME SHANNON, KARR ☒ Delete
STREET ADDRESS 2121 PONCE DE LEON BLVD, PH
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE STD
NAME GREENBERG, KIM ☒ Delete
STREET ADDRESS 2121 PONCE DE LEON BLVD, PH
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TSD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE P
NAME BARBARA BEGUIRSTAIN ☐ Change ☒ Addition
STREET ADDRESS 2121 PONCE DE LEON BLVD
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE VP
NAME MAXIMA CRUZ JR. ☐ Change ☒ Addition
STREET ADDRESS 2121 PONCE DE LEON BLVD
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Beguirstain, President 8/27/07 (786) 709-2257