

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

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90406 020 ****61.25

DOCUMENT # N06170

1. Entity Name

MIAMI BEACH ASSOCIATION FOR THE GIFTED, INC.



Principal Place of Business

4100 PRAIRE AVENUE
MIAMI BEACH, FL 33140

Mailing Address

4100 PRAIRE AVENUE
MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE



03152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2490580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, LILANA
4100 PRAIRE AVENUE
MIAMI BEACH, FL 33140

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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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NATTOU, CLAIRE
STREET ADDRESS 4100 PRAIRE AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VD
NAME PEREZ, SOLANSE
STREET ADDRESS 4100 PRAIRE AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VPD
NAME BLACHER, JACKIE
STREET ADDRESS 4100 PRAIRE AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VD
NAME GEUBER, BARBARA
STREET ADDRESS 4100 PRAIRE AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE TD
NAME HERNANDEZ, LEONOR
STREET ADDRESS 4100 PRAIRE AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE S
NAME GRIFE, STEFANIE
STREET ADDRESS 4100 PRAIRE AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

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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 612, 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 #

Director
Treasurer
(305) 776-3829