2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N07000006232

Entity Name: MIAMI-DADE HISTORIC NEIGHBORHOOD PRESERVATION COALITION, INC.

Current Principal Place of Business:

1224 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1224 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-0468781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBBINS, KENT H
1224 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 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: P ( ) Delete
Name: LABUZETTA, CHRISTINA
Address: UNIT 301 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: V ( ) Delete
Name: O'TOOLE, AUSTIN
Address: 465 OCEAN DRIVE #606
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete
Name: SMITH, STUART
Address: 100 SOUTH POINTE DRIVE #3304
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete
Name: WHITMAN, MICHAEL
Address: 123 SE 3RD AVENUE #536
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KENT H. ROBBINS RA 02/02/2009

Electronic Signature of Signing Officer or Director — Date