

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005044

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** EVERGLADES ON THE BAY NORTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

19950 WEST COUNTRY CLUB DRIVE, STE #900  
AVENTURA, FL 33180

**New Principal Place of Business:**

244 BISCAYNE BOULEVARD  
MIAMI, FL 33136

**Current Mailing Address:**

19950 WEST COUNTRY CLUB DRIVE, STE #900  
AVENTURA, FL 33180

**New Mailing Address:**

253 NE 2ND STREET  
MIAMI, FL 33136

FEI Number: 26-3538779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVERA, OSCAR R ESQ.  
SIEGFRIED, RIVERA, LERNER, ET AL  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

AMKIE, ELIAS  
253 NE 2ND STREET  
MIAMI, FL 33136 US

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: ELIAS AMKIE

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AMKIE, ELIAS  
Address: 19950 WEST COUNTRY CLUB DRIVE, STE #900  
City-St-Zip: AVENTURA, FL 33180

Title: VPSD ( ) Delete  
Name: HARARI, RAFAEL  
Address: 19950 WEST COUNTRY CLUB DRIVE, STE #900  
City-St-Zip: AVENTURA, FL 33180

Title: TD ( ) Delete  
Name: PIQUE, SANDY  
Address: 19950 WEST COUNTRY CLUB DRIVE, STE #900  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: AMKIE, ELIAS  
Address: 253 NE 2ND STREET  
City-St-Zip: MIAMI, FL 33136

Title: VPSD (X) Change ( ) Addition  
Name: HARARI, RAFAEL  
Address: 253 NE 2ND STREET  
City-St-Zip: MIAMI, FL 33136

Title: TD (X) Change ( ) Addition  
Name: PIQUE, SANDY  
Address: 253 NE 2ND STREET  
City-St-Zip: MIAMI, FL 33136

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: ELIAS AMKIE

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date