

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

DOCUMENT # N17277

1. Entity Name
**MIAMI-ROADS NEIGHBORHOOD CIVIC ASSOCIATION,
INC.**



Principal Place of Business

**144 S.W. 19TH ROAD
MIAMI, FL 33129 US**

Mailing Address

**144 S.W. 19TH ROAD
MIAMI, FL 33129 US**

FILED
Jan 11, 2007 08:00 AM
Secretary of State



01072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2744056

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOLARES, GRACE
60 S.W. 30TH ROAD
MIAMI, FL 33129**

**DO NOT WRITE
IN THIS SPACE**

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

Linda Koenigsberg (Treasurer)
Signature, typed & printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

1/7/07

**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	P
NAME	SOLARES, GRACE
STREET ADDRESS	60 SW 30 ROAD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VP
NAME	WILLIG, DAVID
STREET ADDRESS	2837 S.W. 3RD AVENUE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	S
NAME	TUCKER, LORRAINE
STREET ADDRESS	218 S.W. 21ST ROAD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	T
NAME	KOENIGSBERG, LINDA
STREET ADDRESS	144 SW 19 RD
CITY-ST-ZIP	MIAMI, FL 33129

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01/11/07-80045-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Treasurer

1/7/06