

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 30, 2009  
Secretary of State**

DOCUMENT# N17277

Entity Name: MIAMI-ROADS NEIGHBORHOOD CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2744056      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SOLARES, GRACE  
60 S.W. 30TH ROAD  
MIAMI, FL 33129 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: SOLARES, GRACE  
Address: 60 SW 30 ROAD  
City-St-Zip: MIAMI, FL 33129

Title: VP ( ) Delete  
Name: WILLIG, DAVID  
Address: 2837 S.W. 3RD AVENUE  
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete  
Name: TUCKER, LORRAINE  
Address: 218 S.W. 21ST ROAD  
City-St-Zip: MIAMI, FL 33129

Title: T ( ) Delete  
Name: KOENIGSBERG, LINDA  
Address: 144 SW 19 RD  
City-St-Zip: MIAMI, FL 33129

**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: LINDA KOENIGSBERG

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

01/30/2009

\_\_\_\_\_  
Date