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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90224 010 \*\*\*\*61.25

DOCUMENT # N23726

1. Corporation Name

**TAHITI BEACH HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

6500 PRADO BOULEVARD  
CORAL GABLES FL 33143

Mailing Address

6500 PRADO BOULEVARD  
CORAL GABLES FL 33143



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/04/1987

4. FEI Number

65-0036004

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

RIDGE, CLAUDIA  
6500 PRADO BOULEVARD  
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME BALOGH, ROBERT  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES FL

VPD ☐ DELETE

NAME KAUFMAN, BARBARA  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES FL

P ☒ DELETE

NAME COBB, JOHN SUE  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL SPRINGS FL

TD ☐ DELETE

NAME HARTZ, CHARLES M  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES FL

D ☐ DELETE

NAME MARGOLIS, JAMES  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES, FL

D ☐ DELETE

NAME SHARON SOCOL  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHARON SOCOL

3/4/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)

0031185