

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1998 8:00 am
Secretary of State

DOCUMENT # **N23726** (5)

1. Corporation Name

TAHITI BEACH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**6500 PRADO BOULEVARD
CORAL GABLES FL 33143**

**6500 PRADO BOULEVARD
CORAL GABLES FL 33143**

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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

TITLE **PD TREASURER** ☐ DELETE

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

TITLE **VPD** ☐ DELETE

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

TITLE **SD** ☒ DELETE

NAME **GAJWANI, ANIL**
STREET ADDRESS **6500 PRADO BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **TD SECRETARY** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **PRESIDENT** ☐ DELETE

NAME **SOE COBB**
STREET ADDRESS **6500 PRADO BLVD.**
CITY-ST-ZIP **CORAL GABLES, FL**

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.

SIGNATURE:

BAHAKATZ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 1998
Date

663-1353
Daytime Phone # **0030050**

CR2E037 (10/97)