

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90032 029 ****61.25

DOCUMENT # N23726

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0036004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIDGE, CLAUDIA
 6500 PRADO BOULEVARD
 CORAL GABLES FL 33143**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
 BALOGH, ROBERT
 6500 PRADO BLVD
 CORAL GABLES FL

☐ Delete

☐ Change ☐ Addition

VP
 MARGOLIS, JAMES
 6500 PRADO BLVD
 CORAL GABLES FL

☐ Delete

☐ Change ☐ Addition

D
 HARTZ, CHARLES M
 6500 PRADO BLVD
 CORAL GABLES FL

☐ Delete

☐ Change ☐ Addition

D
 MARGOLIS, JAMES
 6500 PRADO BLVD.
 CORAL GABLES, FL

☒ Delete

☐ Change ☐ Addition

P
 SOCOL, SHARON
 6500 PRADO BLVD
 CORAL SPRINGS FL

☐ Delete

☐ Change ☐ Addition

S
 COBB, SUE
 6500 PRADO BLVD
 CORAL GABLES FL

☒ Delete

☐ Change ☒ Addition

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/02 (305) 103-1343

CR2E037 (9/01)