NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2004 8:00 am
Secretary of State
06-07-2004 90001 037 ****61.25

DOCUMENT # N23726

1. Entity Name

Tahiti Beach Homeowners Association

DO NOT WRITE IN THIS SPACE

54056864

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2. Principal Place of Business	3. Mailing Address
6500 Prado Boulevard Suite, Apt. #, etc.	6500 Prado Boulevard Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida
Zip: 33143 Country: U.S.A.	Zip: 33143 Country: U.S.A.

4. FEI Number: 65-0036004 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Claudia Ridge

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

6500 Prado Boulevard

City: Coral GAbles, FL Zip Code: 33143

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Sharon Socol	NAME	
STREET ADDRESS	6500 Prado Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Florida 33143	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	James Margolis	NAME	
STREET ADDRESS	6500 Prado Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Florida 33143	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Robert Balogh	NAME	
STREET ADDRESS	6500 Prado Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Florida 33143	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Charles M. Hartz	NAME	
STREET ADDRESS	6500 Prado Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FLorida 33143	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	David J. Stern	NAME	
STREET ADDRESS	6500 Prado Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Florida 33143	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Socol Sharon Socol/President 05/26/04 (305) 663-1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #