

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N30973

1. Entity Name
FRIENDS OF THE OLETA RIVER, INC.



Principal Place of Business
**2374 NE 183RD TERRACE
% AMY WERBA
NORTH MIAMI BEACH, FL 33160**

Mailing Address
**2374 NE 183RD TERRACE
% AMY WERBA
NORTH MIAMI BEACH, FL 33160**



03162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0111618

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WERBA, AMY J.
2374 NE 183RD TERRACE
NORTH MIAMI BEACH, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LIFESHUTZ, NEIL
3500 WASHINGTON ST., #509
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BORNSTEIN, STEPHEN
2381 NE 193 ST.
MAIMI, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WERBA, AMY
2374 NE 183 TERR
N MIAMI BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ALVEY, ERROL
21110 NE 25 CT.
MIAMI, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAUP, WILLIAM
824 NE 100 ST
MIAMI SHORES, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARON, CHARLES
17890 W. DIXIE HWY #317
N. MIAMI BCH, FL 33160**

1100000315546
04/19/05-80040-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AMY J. WERBA 4/15/05 305-788-0484