


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49274</b> 1. Entity Name <b>MIDWAY HEIGHTS PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 402723 MIAMI BEACH FL 33140		Mailing Address P.O. BOX 402723 MIAMI BEACH FL 33140			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-6144603</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BROOKE, PETER M ESQ.</b> <b>FOWLER WHITE</b> <b>100 SE 2ND ST, 17TH FLOOR</b> <b>MIAMI FL 33131</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			DATE: _____		
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FRIEDLAND, ALLAN</b> <b>4270 N. MICHIGAN AVENUE</b> <b>MIAMI BEACH FL 33140</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000651812</b> <b>03/09/07-80022-014 61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>FRIEDLAND, PRISCILLA</b> <b>4270 N. MICHIGAN AVENUE</b> <b>MIAMI BEACH FL 33140</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]* 2/26/07 305-538-9661