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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000419 (2)**

1. Corporation Name

MIAMI BEACH TOWNHOMES A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1743 MICHIGAN AVE
MIAMI BCH FL 33139
US

1743 MICHIGAN AVE
MIAMI BCH FL 33139-2496
US



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

3. Date Incorporated or Qualified
02/01/1993

3a. Date of Last Report
01/25/1996

4. FEI Number
65-0437010

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

NEPOMECHIE, MARILYS R
1743 MICHIGAN AVE
STE 5
MIAMI BCH FL 33139

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **KWARTIN, STEVEN M**
STREET ADDRESS **1743 MICHIGAN AVE #3**
CITY-ST-ZIP **MIAMI BCH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NEPOMECHIE, MARILYS R**
STREET ADDRESS **1743 MICHIGAN AVE #5**
CITY-ST-ZIP **MIAMI BCH FL**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **BEHMOIRAS, LINDA P**
STREET ADDRESS **1743 MICHIGAN AVE #2**
CITY-ST-ZIP **MIAMI BCH FL**

3.1 TITLE **D** ☒ Change ☒ Addition
3.2 NAME **Easley, Joe Tom / Freiberg Peter**
3.3 STREET ADDRESS **1743 Michigan Ave. #2**
3.4 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **TD** ☐ DELETE
NAME **KOEPNICK, LANCE M**
STREET ADDRESS **1743 MICHIGAN AVE #4**
CITY-ST-ZIP **MIAMI BCH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **KARETNICK, JENNIFER**
STREET ADDRESS **1743 MICHIGAN AVE #1**
CITY-ST-ZIP **MIAMI BCH FL**

5.1 TITLE **PD** ☒ Change ☒ Addition
5.2 NAME **Karetnick, Jennifer / Cross, Jonathan**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Lance M. Koepnick* **Lance M. Koepnick**

1-16-97

305/532-8840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027331

CR2E037 (9/96)