

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000000419

1. Entity Name
**MIAMI BEACH TOWNHOMES A CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1743 MICHIGAN AVE
MIAMI BCH, FL 33139 US**

Mailing Address
**1743 MICHIGAN AVE
MIAMI BCH, FL 33139 US**



01282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0437010

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEPOMECHIE, MARILYS R
1743 MICHIGAN AVE
APT. 5
MIAMI BCH, FL 33139**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

**000000614493
02/06/07-80033-014 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KWARTIN, STEVEN M
STREET ADDRESS	1743 MICHIGAN AVE #3
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	SDTD
NAME	NEPOMECHIE, MARILYS R
STREET ADDRESS	1743 MICHIGAN AVE #5
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	D
NAME	ARRIETA, JULIO
STREET ADDRESS	1743 MICHIGAN AVE #4
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	D
NAME	ALCANTARA, ORIA
STREET ADDRESS	1743 MICHIGAN AVE #1
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	D
NAME	EASLEY, JOE TOM/FREIBE
STREET ADDRESS	1743 MICHIGAN AVE #2
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/07 305
672 5327**
Date Daytime Phone #