## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUÁL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # N93000001536 (2)

THE NETHERLAND OF SOUTH BEACH CONDOMINIUM ASSOCI ATION, INC.

P	rincipal Place of Busines	ss	Mailing Ad	ailing Address			T 100 11101 BIT 10100 IIIIN DONY OGIN DONY ODIN ODIN 11101 E1103 IIIIA OPI 10061					
230 FIFTH ST. MIAMI BEACH FL 33139				230 FIFTH ST. MIAMI BEACH FL 33139			3. Date Incorporated or Qualified 04/06/1993					
							4.	FEI Number	_	Applied For		
L.,							L.,	65-0500100		Not Applicable		
2. 21	Principal Place of Bus	inoss	2a. Mailing	2a. Mailing Address			5.	5. Certificate of Status Desired See Require				
22	Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
23	City & State		28 City & S	City & State			7. Is this nonprofit corporation a homeowners association?  Yes \( \sum \cong \cong\cong \cong \					
24	Zip	Country 25	Zip 29	30 Cou	ntry	,	8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30.  Yes No					
Name and Address of Current Registered Agent  ROBINS, CRAIG 230 FIFTH ST.							10. Name and Address of New Registered Agent					
						Name Street Addre	ss (l	P.O. Box Number is Not Acceptable)				
	MIAMI BEACH FL	33139			83							

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

City

SIGNATURE	n familiar with, and accept the obligations of	.,0000,101	joriou statotos.				
	Signature, typod or printed name of registered agent and titl	le il applicable. (NC	TE Registered Agent signature require		DATE		
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTOR	
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition
NAME	ROBINS, CRAIG		1.2 NAME				
STREET ADORESS	230 FIFTH ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY - ST - ZIP				
TITLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	SAULTER, STEPHANIE		2.2 NAME				
STREET ADDRESS	1330 OCEAN DR		2.3 STREET ADDRESS				
	CHANN BEACH FL.		2. 4 CITY-ST-ZIP		F2x ven		
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	Pietri, mark		3.2 NAME				
STREET ADDRESS	1330 OCEAN DR		3.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI BEACH FL		3.4, CITY - ST - ZIP				
THTLE		DELETE	4.1 TITLE			Change	Additio
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
ITLE		DELETE	6.1 TITLE		···	Change	Addition
NAME			6.2 NAME		•	O.Mango	Addition
STREET ADORESS		,					
CITY-ST-ZIP	• •		6.3 STREET ADDRESS				

Thereby certify that the information supplied with indicated on this annual report or supplemental a officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attachm s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an apowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

**FILED** 

Mar 24 1998 8:00am

Secretary of State

- 194000 00 1181 444 400 100 014 015 646 046 146 146 140 100

85

Zip Code