

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90049 040 ****61.25

DOCUMENT # N93000001536					
1. Entity Name THE NETHERLAND OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1330 OCEAN DR MIAMI BEACH, FL 33139			Mailing Address 1330 OCEAN DR MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0500100	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LLOYD, JAMES 4537 SHERDIAN AVE MIAMI BEACH, FL 33140			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEISS, NORTON 1330 OCEAN DR MIAMI BEACH, FL 33139	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAULTER, STEPHANIE 1330 OCEAN DR MIAMI BEACH, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARPAWICH, VIRGINIA 1330 OCEAN DR MIAMI, FL 33139	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAVID MOTH 1330 OCEAN DR., #101 MIAMI BEACH, FL 33139	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEC. IAN HENDRY 1330 OCEAN DR. #101 MIAMI BEACH FL 33139	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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:		3/15/04		305.538.1627	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	