## 2005 NOT-FOR-PROFIT CORPORATION

## Apr 13, 2005 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N93000001536 04-13-2005 90054 004 \*\*\*\*61.25 THE NETHERLAND OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1330 OCEAN DR 1330 OCEAN DR MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302005 CR2E037 (10/03) Chg-NP City & State City & State 4. FEI Numbe Applied For 65-0500100 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LLOYD, JAMES 4537 SHERDIAN AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH, FL 33140 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DVA TITLE ΠP ☐ Delete TITLE Addition ☐ Change GEORGE FONTANILLS WEISS, NORTON NAME NAME 1330 OCEAN DR STREET ADDRESS 1330 OCEAN DR STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP MIAMI SEACH FL33139 DVP TITLE Change Addition **Delete** TITLE MOTH, DAVID NAME NAME ERIC HATKELL STREET ADDRESS 1330 OCEAN DR #101 1330 OCEAN DR STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 MIAMI BEACH PL 3313 CITY-ST-ZIP DS TELLE RICHARD D ☐ Delete TITLE Addition RICHARD KRACUM NAME HENDRY, IAN NAME 1330 CICEAN DR. STREET ADDRESS 1330 OCEAN DR #101 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE**\*

NURTUN WEIS

**FILED**