SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 29 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004674 (8)

1. Corporation Name
MIDDLE BEACH COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4045 SHERIDAN AVE #209 MIAMI BEACH FL 33140	~~4045 SHERIDAN AVE #209~~ ~~MIAMI BEACH FL 33140~~ c/o Elayne Weisburd 862 W. 47th Street Miami Beach, Fl. 33140

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 08/17/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0526153 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STEIN, MARK E ESQ
MITRANI RYNOR & GALLEGOS PA
ONE SE THIRD AVE SUITE 1440
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ELAYNE WEISBURD
82 Street Address (P.O. Box Number is Not Acceptable): 862 W. 47th Street
83
84 City: Miami Beach FL 85 Zip Code: 33140

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: ELAYNE WEISBURD, President — Elayne Weisburd — 6/22/95
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	WEISBURD, ELAYNE	12 NAME	
STREET ADDRESS	862 W 47TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	JACOBS, DONNA	22 NAME	
STREET ADDRESS	1040 W 47TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	PERKEL, PETER	32 NAME	
STREET ADDRESS	5135 ALTON RD	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	SCHERMER, MICKEY	42 NAME	
STREET ADDRESS	4530 N MICHIGAN AVE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	SOSHUK, MARIANNE	52 NAME	
STREET ADDRESS	4450 NAUTILUS DR	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	54 CITY-ST-ZIP	
TITLE	DT	61 TITLE	☐ Change ☐ Addition
NAME	ABERBACH, BEVERLY	62 NAME	
STREET ADDRESS	911 W 47TH ST	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ELAYNE WEISBURD — Elayne Weisburd — 6/22/95 — (305)673-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000114