

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004674 (8)

1. Corporation Name

MIDDLE BEACH COMMUNITY ASSOCIATION, INC.



Principal Place of Business

4045 SHERIDAN AVE #209
MIAMI BEACH FL 33140

Mailing Address

C/O ELAYNE WEISBURD
862 W 47TH ST
MIAMI BEACH FL 33140
US

3. Date incorporated or Qualified
10/18/1993

3a. Date of Last Report
06/29/1995

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 862 West 47th Street

26

22 Suite, Apt. #, etc.
M.B.C.A., Inc.

27 Suite, Apt. #, etc.

23 City & State

Miami Beach, Fl.

28 City & State

24 Zip

33140

25 Country

U.S.A.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WESBURD, ELAYNE (WEISBURD)
862 W 47TH ST
ONE SE THIRD AVE SUITE 1440
MIAMI BEACH FL 33140

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

3/5/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME WEISBURD, ELAYNE
STREET ADDRESS 862 W 47TH ST
CITY-ST-ZIP MIAMI BEACH FL 33140

11 TITLE DV ☐ Change ☐ Addition
12 NAME Giller, Ira
13 STREET ADDRESS 4535 Meridian Avenue
14 CITY-ST-ZIP Miami Beach, Fl. 33140

TITLE DV ☒ DELETE
NAME JACOBS, DONNA
STREET ADDRESS 1040 W 47TH ST
CITY-ST-ZIP MIAMI BEACH FL 33140

21 TITLE DS ☒ Change ☒ Addition
22 NAME Asmundsson, Jo
23 STREET ADDRESS 6039 Alton Road
24 CITY-ST-ZIP Miami Beach, Fl. 33140

TITLE DV ☐ DELETE
NAME PERKEL, PETER
STREET ADDRESS 5135 ALTON RD
CITY-ST-ZIP MIAMI BEACH FL 33140

31 TITLE DT ☒ Change ☐ Addition
32 NAME Weisburd, Sidney
33 STREET ADDRESS 862 W. 47th Street
34 CITY-ST-ZIP Miami Beach, Fl. 33140

TITLE DV ☐ DELETE
NAME SCHERMER, MICKEY
STREET ADDRESS 4530 N MICHIGAN AVE
CITY-ST-ZIP MIAMI BEACH FL 33140

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME SOSHUK, MARIANNE
STREET ADDRESS 4450 NAUTILUS DR
CITY-ST-ZIP MIAMI BEACH FL 33140

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DT ☒ DELETE
NAME ABERBACH, BEVERLY
STREET ADDRESS 911 W 47TH ST
CITY-ST-ZIP MIAMI BEACH FL 33140

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

DATE

(305) 673-2015

Daytime Phone #

CR2E037 (12/95)