## FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 10 1997 8:00am

Secretary of State

3/3/97(305)673-2015

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300004674 (8)

## MIDDLE BEACH COMMUNITY ASSOCIATION, INC.

862 WEST 47TH STREET M.B.C.A. INC MIAMI BEACH FL 33140 US		C/O ELAYNE WEISBURD 862 W 47TH ST MIAMI BEAHC FL 33140-2903 US			Date Incorporated or Qualified			
					10/18/1993 03/11/1996			
	Place of Business	2a. Mailing Address			4. FEI Number Applied	l For		
21 862 West 47th Street		26				plicable		
Suite, Apl. #, etc.  22 M.B.C.A., Inc.		Suite, Apt. #, etc.			Fee Require	\$8.75 Additional Fee Required		
City & State		City & State						
23 Miami Beach, F1.		Zip Country						
33140		29 30			8. This corporation has liability for intangible tax under s. 199. Florida Statutes	.032,		
9. Name and Address of Current Registered Agent			<u>'l</u>		10. Name and Address of New Registered Agent			
			81	Name				
WEISBURD, ELAYNE				<u> </u>				
862 W 4			82	Street	et Address (P.O. Box Number is Not Acceptable)			
			83	<del> </del>				
MIAMI BEAUH FL 33140								
***********			84	City	FI 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 17,0503, Florida Statutes.								
SIGNATURE ELAYNE WEISBURD Clarge Wee					drug 3/3/97  Ure required when reinstating)  DATE			
12.	OFFICERS AND	***************************************	13.	ath eitheanne	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12		
TITLE	DP	DELETE	1.1 TITLE			Addition		
NAME	WEISBURD, ELAYNE		1.2 NAME		100	raon		
STREET ADDRESS	862 W 47TH ST			T ADDRESS	Warren Stamm			
City-St-Zip	MIAMI BEACH FL 33140			ST-ZIP	6100 LaGorce Drive Miami Beach, F1, 33140			
TITLE	DS	DELETE	2.1 TITLE	H" EII		Addition		
NAME	ASMUNDSSON, JO	<del></del> -	2.2 NAME			( Image		
STREET ADDRESS	6039 ALTON ROAD		2.3 STREET	F ADDRESS				
CITY - S1 - ZIP	MANA PRACTICAL		2.4 CITY-5		<b>` </b>			
TITLE	DV	☐ DELETE	3.1 TITLE	J, 21	☐ Change ☐	Addition		
NAME	PERKEL, PETER		32 NAME	ļ				
STREET ADDRESS	5135 ALTON RD	•		T ADDRESS	s i			
CITY - ST- ZIP	MIAMI BEACH FL 33140		3.4. CITY-5					
TITLE	DV				☐ Change ☐	Addition		
NAME	SCHERMER, MICKEY		4.2 NAME					
STREET ADDRESS	4530 N MICHIGAN AVE		4.3 STREET	ADDRESS	s <b> </b>			
CITY-ST-ZIP	MIAMI BEACH FL 33140	1	4.4 CITY - S	ST-ZIP				
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐	Addition		
NAME	SOSHUK, MARIANNE		5.2 NAME					
STREET ADDRESS	4450 NAUTILUS DR		5.3 STREET	ADDRESS	\$			
CITY-ST-ZIP	MIAMI BEACH FL 33140		5.4 CITY - S	IT-ZIP				
TITLE	DT	☐ DELETE	6.1 TITLE		Change	Addition		
NAME	Weisburd, Sidney		6.2 NAME					
STREET ADDRESS	862 W 47TH STREET		6.3 STREET	ADDRESS	ş <b> </b>			
CITY-ST-ZIP	MIAMI BEACH FL		6.4 CITY-\$	IT-ZIP				
14. I do hereb	by certify that the information supplied was indicated on this appual report or sur	with this filing does not qualify for	or the exe	mption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	0 15 - 5		
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.								