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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004674

1. Corporation Name

MIDDLE BEACH COMMUNITY ASSOCIATION, INC.

Principal Place of Business

862 WEST 47TH STREET
M.B.C.A. INC
MIAMI BEACH FL 33140
US

Mailing Address

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

125175 - 90030 / 5



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/18/1993

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISBURD, ELAYNE
862 W 47TH ST
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **WEISBURD, ELAYNE**

STREET ADDRESS **862 W 47TH ST**

CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **DS** ☐ DELETE

NAME **STAMM, WARREN**

STREET ADDRESS **6100 LAGORCE DR**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **DV** ☒ DELETE

NAME **PERKEL, PETER**

STREET ADDRESS **5135 ALTON RD**

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**

TITLE **DS** ☒ DELETE

NAME **SOSHUK, MARIANNE**

STREET ADDRESS **4450 NAUTILUS DR**

CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **DT** ☐ DELETE

NAME **WEISBURD, SIDNEY**

STREET ADDRESS **862 W 47TH STREET**

CITY-ST-ZIP **MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **IRA GILLER**

1.3 STREET ADDRESS **4535 N. MERIDIAN AVENUE**

1.4 CITY-ST-ZIP **MIAMI BEACH, FL. 33140**

2.1 TITLE **CORRESPONDING SECRETARY** ☐ Change ☒ Addition

2.2 NAME **DORRIS DREXEL**

2.3 STREET ADDRESS **1049 WEST 47 STREET**

2.4 CITY-ST-ZIP **MIAMI BEACH, FL. 33140**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/99 (305) 673-2015

CR2E037 (11/98)