

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT #

N94 000004800

1. Corporation Name

SHELBY PLACE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

Legal Dept. 9th Floor

Legal Dept., 9th Floor

2601 S. Bayshore Dr.

2601 S. Bayshore Drive

Miami, Florida 33133-2461

Miami, Florida 33133-2461

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc.

26 Suite, Apt. # etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
9/28/94

3a. Date of Last Report

4. FEI Number

65-2563546

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

Langley, Marcia H.

Legal Department, 9th Floor

2601 S. Bayshore Drive

Miami, Florida 33133-2461

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 if applicable

(If 10) Registered Agent signature required when removing

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VTD
Allen, Matthew J.
2601 S. Bayshore Dr.
Miami, FL 33133

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VSD
Langley, Marcia H.
2601 S. Bayshore Dr.
Miami, FL 33133

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

VTD
Sparrow, Mark
2601 S. Bayshore Dr.
Miami, FL 33133

☐ Change ☒ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

VSD
Goldman, Joel K.
2601 S. Bayshore Dr.
Miami, FL 33133

☐ Change ☒ Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

PD
Thompson, Charles A.
2601 S. Bayshore Dr.
Miami, FL 33133

☐ Change ☒ Addition

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

VAS
Jeffrey, Thomas W.
2601 S. Bayshore Drive
Miami, FL 33133

☐ Change ☒ Addition

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

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel K. Goldman

4/22/96

305-859-4071

Date:

Daytime Phone #

CR2E037 (12/95)