

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003264

FILED
Apr 23, 2006
Secretary of State

Entity Name: NORTHEAST TENTH AVENUE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1320 NE 174 ST
NO MIAMI BCH, FL 33162

New Principal Place of Business:

Current Mailing Address:

P O BOX 640128
NO MIAMI BCH, FL 33164

New Mailing Address:

FEI Number: 65-0725016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIRSCHFELD, DAVID
17330 NE 10 CT.
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: IMBERMAN, BARBARA
Address: 830 NE 168 ST.
City-St-Zip: NO MIAMI BCH, FL 33162

Title: PD () Delete
Name: BAUER, WAYNE
Address: 1320 NE 174 ST
City-St-Zip: NO MIAMI BCH, FL 33162

Title: D () Delete
Name: KORROS, DAVID
Address: 1051 NE 179 ST
City-St-Zip: NO MIAMI BCH, FL 33162

Title: T () Delete
Name: HIRSCHFELD, DAVID
Address: 17330 NE 10 CT.
City-St-Zip: NO. MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: IMBERMAN, BARBRA
Address: 830 NE 168 ST.
City-St-Zip: NO MIAMI BCH, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HIRSCHFELD

T

04/23/2006

Electronic Signature of Signing Officer or Director

Date