

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000005038**

1. Corporation Name

**ROBERT FROST NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

C/O MIAMI CORPORATE SYSTEMS, INC.  
5200 BLUE LAGOON DRIVE SUITE 700  
MIAMI FL 33126

Mailing Address

C/O MIAMI CORPORATE SYSTEMS, INC.  
5200 BLUE LAGOON DRIVE SUITE 700  
MIAMI FL 33126

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90070 018 \*\*\*\*61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

65-0783185

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

MIAMI CORPORATE SYSTEMS, INC.  
5200 BLUE LAGOON DRIVE SUITE 700  
MIAMI FL 33126

10. Name and Address of New Registered Agent

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  
NAME BERNHARDT, JAMES  
STREET ADDRESS 8101 SW 54 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME HEATH, JULIAN  
STREET ADDRESS 8241 SW 54 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE DVP  
NAME WELLER, EDWARD  
STREET ADDRESS 5395 SW 80 STREET  
CITY-ST-ZIP MIAMI FL

TITLE DS  
NAME WHITTINGTON, ARTHUR DAVID JR  
STREET ADDRESS 8141 SW 54 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE DT  
NAME WHITTINGTON, RICHARD  
STREET ADDRESS 8101 SW 54 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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]* SIGNATURE REQUIRED

1/21/99

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