

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006989 (4)**  
1. Corporation Name  
**MIAMI BEACH GARDEN CONSERVANCY, INC.**



Principal Place of Business <b>2000 CONVENTION CENTER DR MIAMI BEACH FL 33139</b>	Mailing Address <b>2000 CONVENTION CENTER DR MIAMI BEACH FL 33139</b>
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3. Date Incorporated or Qualified <b>12/16/1997</b>	
4. FEI Number <b>65-0811036</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**GREEN, LISA H  
14 NE 1ST AVE #1205  
MIAMI FL 33132**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BISHOP, PATRICIA S</b>
STREET ADDRESS	<b>5 ISLAND AVE APT 9K</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRINKLEY, LAURA</b>
STREET ADDRESS	<b>778 NE 125 ST</b>
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIS, EMILY</b>
STREET ADDRESS	<b>115 VENETIAN WAY</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FREUND, MATTHEW</b>
STREET ADDRESS	<b>419 POINCIANA ISLAND DR</b>
CITY-ST-ZIP	<b>NO MIAMI BEACH FL 33180</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KELLY, SHEILA</b>
STREET ADDRESS	<b>2146 PRAIRE AVE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PAGE, PETER</b>
STREET ADDRESS	<b>16 ISLAND AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33139</b>

13. ADDITIONS, CHANGES, DELETIONS AND DIRECTORS IN 12

1.1 TITLE	<b>DIRECTOR AND VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LAUFFENBURGER, ARTHUR A.</b>
1.3 STREET ADDRESS	<b>465 41 ST</b>
1.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
2.1 TITLE	<b>DIRECTOR AND TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LEIBOVICI, LINDA</b>
2.3 STREET ADDRESS	<b>400 SOUTH POINTE DR</b>
2.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>DIRECTOR AND SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>FREUND, MATTHEW</b>
4.3 STREET ADDRESS	<b>419 POINCIANA ISLAND DR</b>
4.4 CITY-ST-ZIP	<b>NO MIAMI BEACH FL 33160</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>DIRECTOR AND VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PAGE, PETER</b>
6.3 STREET ADDRESS	<b>16 ISLAND AVE</b>
6.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>

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.

SIGNATURE: **Matthew Freund, MATTHEW FREUND, DIRECTOR & SECRETARY** 04-21-98 305-919-8791

CR2E037 (10/97)