

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005828

FILED
Apr 23, 2007
Secretary of State

Entity Name: MIAMI BEACH HISTORICAL ASSOCIATION, INC.

Current Principal Place of Business:

C/O DR. JUDITH BERSON LEVINSON
900 BAY DRIVE PH 1
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

900 BAY DRIVE PH 1
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BERSON LEVINSON, JUDITH DR.
900 BAY DRIVE PH 1
MIAMI BEACH, FL 33141 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: PRES () Delete
Name: LAVENDER, ABRAHAM D
Address: 123 THIRD STREET #1
City-St-Zip: MIAMI BEACH, FL 33139

Title: TREA () Delete
Name: JUDITH, BERSON LEVINSON DR.
Address: 900 BAY DRIVE PH 1
City-St-Zip: MIAMI BEACH, FL 33141

Title: DIR () Delete
Name: GARCIA, LUIS R
Address: 1700 CONVENTION CENTER DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: JAMIESON, LAURA
Address: 831 10TH STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: SECT () Delete
Name: HATFIELD, LILIAM
Address: 6215 W 24TH AVENUE
City-St-Zip: HIALEAH, FL 33016

Title: VP (X) Delete
Name: PATROUCH, JOSEPH F DR.
Address: 7330 OCEAN TERRACE #1203
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR (X) Change () Addition
Name: ZEMO, DONA
Address: 3101 INDIAN CREEK DR
City-St-Zip: MIAMI BEACH, FL 33140

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 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: JUDITH BERSON LEVINSON

TREA

04/23/2007

Electronic Signature of Signing Officer or Director

Date