

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005828

FILED
Jan 06, 2011
Secretary of State

Entity Name: MIAMI BEACH HISTORICAL ASSOCIATION, INC.

Current Principal Place of Business:

C/O DR. ABRAHAM LAVENDER
123 THIRD STREET #1
MIAMI BEACH, FL 33139

New Principal Place of Business:

C/O DR. ABRAHAM LAVENDER
215 SW 105 PLACE
MIAMI, FL 33174

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 65-1012175

FEI Number Applied For ()

FEI Number Not Applicable ()

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:

BERSON-LEVINSON, JUDI DR.
900 BAY DRIVE PH 1
MIAMI BEACH, FL 33141 US

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: JUDI BERSON-LEVINSON

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: LAVENDER, ABRAHAM D
Address: 215 SW 105 PLACE
City-St-Zip: MIAMI, FL 33174

Title: TREA
Name: JUDI, LEVINSON
Address: 900 BAY DRIVE PH 1
City-St-Zip: MIAMI BEACH, FL 33141

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

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

I hereby 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 all other like empowered.

SIGNATURE: JUDI BERSON-LEVINSON

TREA

01/06/2011

Electronic Signature of Signing Officer or Director

Date