

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002847

**Entity Name:** MID BEACH NEIGHBORHOOD ASSOCIATION, INC.

**FILED**  
**May 29, 2020**  
**Secretary of State**  
**9436927482CC**

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA  
10TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

121 ALHAMBRA PLAZA  
10TH FLOOR  
CORAL GABLES, FL 33134 UN

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GONGORA, MICHAEL C. ESQ.  
BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA 10TH FLOOR  
CORAL GABLES, FL 33134 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: MICHAEL GONGORA**

**05/29/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DE MELO, ANAMARIE FERREIRA  
Address        121 ALHAMBRA PLAZA, 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title            VICE PRESIDENT  
Name            LAKE, DEBORAH  
Address        121 ALHAMBRA PLAZA, 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            PEARCE, MELINDA  
Address        121 ALHAMBRA PLAZA, 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            TOMIC, CHARLOTTE  
Address        121 ALHAMBRA PLAZA, 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            ACOSTA, JORGE  
Address        121 ALHAMBRA PLAZA, 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            PORCELLI, ESTEBAN  
Address        121 ALHAMBRA PLAZA, 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title            EX-OFFICIO OFFICER  
Name            CASANOVA, ALICIA A.  
Address        121 ALHAMBRA PLAZA, 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

*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: ANAMARIE DE MELO**

**PRESIDENT**

**05/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date