

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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1. Full Name of Committee

Bal Harbour Residents For Preserving Our Village

Telephone

Mailing Address (include city, state and zip code)

C/O Mende And Associates Inc.
1970 NE 123rd Street
North Miami, Florida - 33181

Street Address (include city, state and zip code)

C/O Mende And Associates Inc.
1970 NE 123rd Street
North Miami, Florida - 33181

2. Affiliated or Connected Organizations (Includes other committees of continuous existence and political committees)

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

N/A

N/A

N/A

3. Area, Scope and Jurisdiction of the Committee

Bal Harbour

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

Civic

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name

Mailing Address

Committee Title or Position

Mende And Associates Inc

1970 NE 123rd Street
North Miami, Florida - 33181

Registered Agent

Beth Berkowitz

10160 Collins Avenue, Apt 103N
Bal Harbour, Florida - 33154

Treasurer

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Patricia Cohen	2221 NE 164th Street # 301 North Miami, Florida - 33160	Chair
Beth Berkowitz	10160 Collins Avenue Apt. 103N, Bal Harbour, Florida-33154	Treasurer

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
None	None	None	None

8. List Any Issues this Committee is Supporting:

List Any Issues this Committee is **Opposing:** Charter Amendment to Section 80 Exempting Special Business Improvement Area.

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
Distribute funds to political committees that protect quality of life and rights of Bal Harbour residents.

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

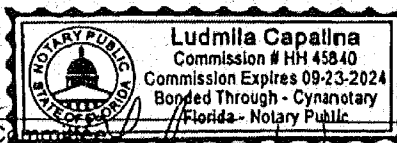
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address

STATE OF Florida Miami-Dade COUNTY

I, Patricia Cohen, certify that the information in this Statement of Organization is complete, true and correct.

X

Signature of Chairman of Political Committee



1/18/21

Date

BAL HARBOUR VILLAGE

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**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

- Original Appointment
- Change of Appointment
- Change of Mailing Address
- Change of Physical Address

Registered Agent and Office Information

Name Mende And Associates, Inc	Telephone 786-536-4222
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Street Address 1970 NE 123rd Street

City North Miami	State Florida	Zip Code 33181
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Mailing Address

City	State	Zip Code
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I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

Signature of Registered Agent

Date

Former Registered Agent and Office Information (for changes only)

Name	Telephone
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Street Address

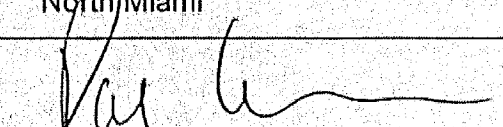
City	State	Zip Code
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Committee or Organization Information

Name of Committee or Organization
Bal Harbour Residents For Preserving Our Village

Street Address C/O Mende And Associates, Inc 1970 NE 123rd Street	Telephone 786-536-4222
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City North Miami	State Florida	Zip Code 33181
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Signature of Chairperson

PATRICIA COHEN
Printed Name of Chairperson

Jan 8/2021
Date

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES
 (Sections 06.011(2) and 106.021(1), F.S.)

BAL HARBOUR VILLAGE RECEIVED
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CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

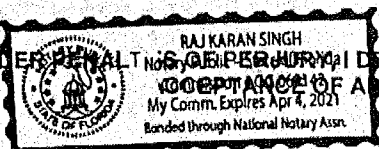
OFFICE USE ONLY

Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository

1. Committee BAL HARBOUR RESIDENTS FOR PRESERVING OUR VILLAGE		2. Telephone (786) 336-4222	
3. Name of Treasurer Deputy Treasurer BETH BERKOWITZ		4. Email (optional) ()	
5. Telephone (optional) ()			
6. Mailing Address 10160 COLLINS AVE, Apt 103N, BAL HARBOUR, FL -33154			
7. Street Address same as above			
8. The following bank is been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank BANKUNITED, N.A		10. Street Address 12290 BISCAYNE BLVD.	
11. City NORTH MIAMI		12. State FL	13. Zip Code 33181
14. Signature of Chairman X [Signature]		15. Name of Chairman (Print or Type) Patricia Cohen	

Campaign Treasurer's Acceptance of Appointment

I, BETH BERKOWITZ, do hereby accept the appointment as treasurer or deputy treasurer for BAL HARBOUR RESIDENTS FOR PRESERVING OUR VILLAGE (Committee)



UNDER PENALTY OF PERJURY I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF AN APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

Date

X [Signature]
 Signature of Campaign Treasurer or Deputy Treasurer