

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 OCT 12 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10042006 Chg-NP CR2E037 (4/06)

DOCUMENT # 710111 1. Entity Name BEACH MANOR CONDOMINIUM, INC.					
Principal Place of Business % BEACH MANOR CONDOMINIUM 345 MICHIGAN AVENUE MIAMI BEACH, FL 33139			Mailing Address 345 MICHIGAN AVE. MIAMI BEACH, FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1159534	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RONES, VICTOR 16105 NE 18 AVE. NO. MIAMI BEACH, FL 33162			Name Marlene Leon-Rubido Esq Street Address (P.O. Box Number is Not Acceptable) 6780 Coral Way City Miami FL Zip Code 33155		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of Registered Agent and title if applicable			DATE 10/4/06 (NOTE: Registered Agent signature required when reinstating)		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, SEGUNDO		NAME	Delia Cadi	
STREET ADDRESS	209 88 STR		STREET ADDRESS	1809 Brickell Ave #614	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	Miami FL 33129	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLE, ALLISON		NAME	Isabel Fernandez-Morris	
STREET ADDRESS	345 MICHIGAN AVE. #29		STREET ADDRESS	345 Michigan Ave #35	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami Beach FL 33139	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice Pres/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Zjacie Borislov	
STREET ADDRESS			STREET ADDRESS	345 Michigan Ave #13	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach FL 33139	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Thielmo Castro	
STREET ADDRESS			STREET ADDRESS	345 Michigan Ave #26	
CITY-ST-ZIP			CITY-ST-ZIP	Miami FL 33139	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 10/4/06 Daytime Phone		

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