


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90016 010 ****61.25

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|--|--|---|---|---|--|
| DOCUMENT # 715112 | | | |  | |
| 1. Entity Name BUCKLEY TOWERS CONDOMINIUM, INC. | | | | | |
| Principal Place of Business 1321 MIAMI GARDENS DRIVE MIAMI, FL 33179 | | | Mailing Address 1321 MIAMI GARDENS DRIVE MIAMI, FL 33179 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03112004 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-1223878 | | | | 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 | | |
| ROGEL, DAVID H ESQ C/O BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR #100 MIAMI, FL 33126 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 PD NAME TAUB, SAUL STREET ADDRESS 1351 NE MIAMI GARDENS DR CITY-ST-ZIP MIAMI, FL 33179 | <input checked="" type="checkbox"/> Delete | | TITLE PD NAME PHILIP ISRAEL STREET ADDRESS 1351 N.E. MIAMI GARDENS DR. CITY-ST-ZIP MIAMI, FL 33179 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE DVP NAME CASTILLO, CRISPINA STREET ADDRESS 1351 NE MIAMI GARDENS DR CITY-ST-ZIP MIAMI, FL 33179 | <input checked="" type="checkbox"/> Delete | | TITLE VPD NAME ISAAC SILVA STREET ADDRESS 1351 N.E. MIAMI GARDENS DR. CITY-ST-ZIP MIAMI, FL 33179 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME GREY, EVELYN M STREET ADDRESS 1301 NE MIAMI GARDENS DR CITY-ST-ZIP MIAMI, FL 33179 | <input checked="" type="checkbox"/> Delete | | TITLE VPD NAME BLANCA LUZ SEGURA STREET ADDRESS 1351 N.E. MIAMI GARDENS DR. CITY-ST-ZIP MIAMI, FL 33179 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME ISRAEL, PHILIP STREET ADDRESS 1351 NE MIAMI GARDENS DR CITY-ST-ZIP MIAMI, FL 33179 | <input checked="" type="checkbox"/> Delete | | TITLE TD NAME MADELEINE VEGA STREET ADDRESS 1351 N.E. MIAMI GARDENS DR. CITY-ST-ZIP MIAMI, FL 33179 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME PATTON, CHARLES STREET ADDRESS 1301 NE MIAMI GARDENS DR CITY-ST-ZIP MIAMI, FL 33179 | <input checked="" type="checkbox"/> Delete | | TITLE SD NAME LISA DELMONICO STREET ADDRESS 1301 N.E. MIAMI GARDENS DR. CITY-ST-ZIP MIAMI, FL 33179 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME TORRES, LOIS A STREET ADDRESS 1301 NE MIAMI GARDENS DR CITY-ST-ZIP MIAMI, FL 33179 | <input checked="" type="checkbox"/> Delete | | TITLE D NAME LUISA TORRES STREET ADDRESS 1301 N.E. MIAMI GARDENS DR. CITY-ST-ZIP MIAMI, FL 33179 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| Date | | | Daytime Phone # | | |