


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 NOV 22 AM 8: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1223878	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10212004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ROGEL, DAVID H ESQ C/O BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR #100 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ISRAEL, PHILIP 1351 NE MIAMI GARDEN DR. MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SILVA, ISAAC 1351 NE MIAMI GARDENS DR. MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700042928797 11/22/04--01061--006 *\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUZ SEGURA, BLANCA 1351 NE MIAMI GARDENS DR. MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VEGA, MADELEINE 1351 NE MIAMI GARDENS DR. MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELMONICO, LISA 1301 NE MIAMI GARDENS DR. MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, LUISA 1301 NE MIAMI GARDENS DR. MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 11/17/04 <small>Waytime Phone #</small>		

Secretary

305 606 8966
305 999-7266 office