

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90035 044 ****61.25

DOCUMENT # 715112
1. Entity Name
BUCKLEY TOWERS CONDOMINIUM, INC.



Principal Place of Business Mailing Address
1321 MIAMI GARDENS DRIVE **1321 MIAMI GARDENS DRIVE**
MIAMI FL 33179 **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



1st MOORE CR2E037. (10/04)

4. FEI Number Applied For
59-1223878 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 **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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LUZ SEGURA, BLANCA	
STREET ADDRESS	1351 NE MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VEGA, MADELEINE	
STREET ADDRESS	1351 NE MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELMONICO, LISA	
STREET ADDRESS	1301 NE MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TORRES, LUISA	
STREET ADDRESS	1301 NE MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(PRESIDENT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN RIVERA	
STREET ADDRESS	1301 N.E. MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	(VICE-PRESIDENT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE NEIBERG	
STREET ADDRESS	1301 N.E. MIAMI GARDENS DR	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	(SECRETARY)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA DELMONICA	
STREET ADDRESS	1301 N.E. MIAMI GARDENS DR	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	(TREASURER)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY PATUS	
STREET ADDRESS	1301 N.E. MIAMI GARDENS DR	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Juan Rivera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #