


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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



FILED  
 07 OCT -3 AM 8:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

09052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1223878**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**UNLIMITED PROPERTY MGMT  
 7655 NW 50TH ST  
 MIAMI, FL 33166**

7. Name and Address of New Registered Agent  
 Name **Unlimited Property Management**  
 Street Address (P.O. Box Number is Not Acceptable) **7655 NW 50th Street**  
 City **Miami** FL Zip Code **33166**

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 **Noel Dugue CAM** (NOTE: Registered Agent signature required when reinstating)  
 DATE **9/5/07**

Amended AR is **\$61.25**

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 P	<input checked="" type="checkbox"/> Delete
NAME LEFEBVRE, DANIELLE	
STREET ADDRESS 1301 NORTHEAST MIAMI GARDENS DRIVE	
CITY-ST-ZIP MIAMI, FL 33179	
TITLE VP1	<input checked="" type="checkbox"/> Delete
NAME JOSE, DAVID	
STREET ADDRESS 1301 NORTHEAST MIAMI GARDENS DRIVE	
CITY-ST-ZIP MIAMI, FL 33179	
TITLE VP2	<input checked="" type="checkbox"/> Delete
NAME OZERYANSKY, REGINA	
STREET ADDRESS 1301 NORTHEAST MIAMI GARDENS DRIVE	
CITY-ST-ZIP MIAMI, FL 33179	
TITLE S	<input type="checkbox"/> Delete
NAME KAUFMAN, CAROL	
STREET ADDRESS 1351 NORTHEAST MIAMI GARDENS DRIVE	
CITY-ST-ZIP MIAMI, FL 33179	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME ARMAND, AMAR	
STREET ADDRESS 1301 NE MIAMI GARDENS DR 1424	
CITY-ST-ZIP MIAMI, FL 33179	
TITLE D	<input type="checkbox"/> Delete
NAME CHURGIN, MARTIN S	
STREET ADDRESS 1351 NORTHEAST MIAMI GARDENS DRIVE	
CITY-ST-ZIP MIAMI, FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Campos, Maria Helena	
STREET ADDRESS 1351 NE Miami Gardens Dr. # 625	
CITY-ST-ZIP Miami, FL 33179	
TITLE VP1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Rebecca Ross	
STREET ADDRESS 1301 N.E. Miami Gardens Dr. 1403W	
CITY-ST-ZIP N. Miami Beach, FL 33179	
TITLE VP2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jorge Freguense	
STREET ADDRESS 1351 NE Miami Gardens Dr. 606 E	
CITY-ST-ZIP N. Miami Beach, FL 33179	
TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Simon, Urias M.	
STREET ADDRESS 1301 NE Miami Gardens Dr. # 1111	
CITY-ST-ZIP MIAMI, FL 33179	
TITLE M10/5	<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 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: **Carol Kaufman** **9/25/2007 (305) 949-7266**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #