
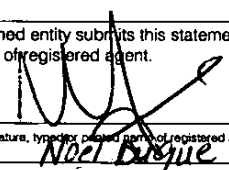
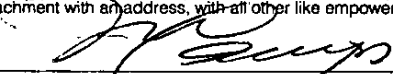


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90031 024 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1223878	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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		
			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 		Property Manager Unlimited Property Management		2/14/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPOS, MARIA HELENA		NAME		
STREET ADDRESS	1351 NE MIAMI GARDENS DR #625		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	VP1	<input checked="" type="checkbox"/> Delete	TITLE	VP1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, REBECCA		NAME	ODED Amir	
STREET ADDRESS	1301 NORTHEAST MIAMI GARDENS DRIVE 1403W		STREET ADDRESS	1301 NE Miami Gardens Dr. 1116W	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Miami, FL. 33179	
TITLE	VP2	<input checked="" type="checkbox"/> Delete	TITLE	VP2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREGONESE, JORGE		NAME	Crescencio Vizarray	
STREET ADDRESS	1351 NORTHEAST MIAMI GARDENS DRIVE 606E		STREET ADDRESS	1351 NE Miami Gardens Dr. 804 E	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Miami, FL. 33179	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, CAROL		NAME		
STREET ADDRESS	1351 NORTHEAST MIAMI GARDENS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, URIAS M		NAME		
STREET ADDRESS	1301 NE MIAMI GARDENS DR #1111		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURGIN, MARTIN S		NAME	Connie Duque	
STREET ADDRESS	1351 NORTHEAST MIAMI GARDENS DRIVE		STREET ADDRESS	1301 NE Miami Gardens Dr. 714W	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Miami, FL. 33179	
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: 		1/31/08		305-949-7266	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	