
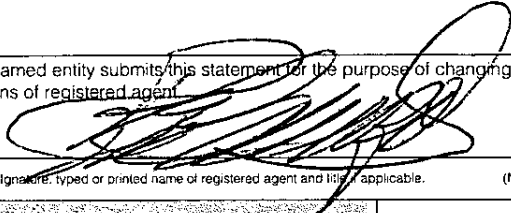
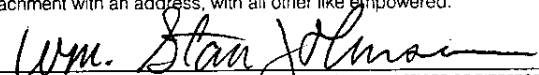


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90006 002 ****61.25

DOCUMENT # N00000005999			
1. Entity Name BIARRITZ HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4600 N.W. 114TH AVENUE MIAMI FL 33178		Mailing Address 300 ARAGON AVE STE 210 MIAMI FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ALBA-REILLY, KEYLA 7270 NW 12 STREET, STE. 410 MIAMI FL 33126		7. Name and Address of New Registered Agent Name: Rogelio - Carreras - Gables Professional Management Co. Street Address (P.O. Box Number is Not Acceptable): 300 Aragon Ave Suite 210 City: Coral Gables FL Zip Code: 33134	
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: 		DATE	
FILE NOW: 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 NAME PD RRYSONALTY, STEPHEN T STREET ADDRESS 11319 NW 47 LANE CITY-ST-ZIP MIAMI FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME PRESIDENT JOHNSON, STAN STREET ADDRESS 11354 NW 47 LANE CITY-ST-ZIP MIAMI, FL. 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VD DIAZ, JENNIFER STREET ADDRESS 11328 NW 46TH LANE CITY-ST-ZIP MIAMI FL 33178	<input type="checkbox"/> Delete	TITLE NAME TREASURER SUCRE, STEFANIA STREET ADDRESS 300 ARAGON AVE., STE 210 CITY-ST-ZIP CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TD JOHNSON, CARMEN STREET ADDRESS 11354 NW 47TH LANE CITY-ST-ZIP MIAMI FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME SECRETARY FEINBERG, ODALYS STREET ADDRESS 300 ARAGON AVE., STE 210 CITY-ST-ZIP CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD REYOS-JOHNSON, CARMEN STREET ADDRESS 11354 NW 47TH LANE CITY-ST-ZIP MIAMI FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME DIRECTOR ACEVEDO, MALENA STREET ADDRESS 300 ARAGON AVE., SUITE 210 CITY-ST-ZIP CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D BARNES, JORGUN R STREET ADDRESS 11313 NW 47TH LANE CITY-ST-ZIP MIAMI FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME DIRECTOR VIACHOUSKY, FRANK STREET ADDRESS 300 ARAGON AVE., STE 210 CITY-ST-ZIP CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D SILVA, RAFAEL E STREET ADDRESS 11277 NW 46TH LANE CITY-ST-ZIP MIAMI FL 33178	<input type="checkbox"/> Delete	TITLE NAME	<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: 		Date: 2/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	