


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90062 022 ****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
4700 NW 114 ave
Suite, Apt. #, etc.

3. Mailing Address
40 Miami Management
Suite, Apt. #, etc.
14275 SW 142 ave

City & State
Miami FL


City & State
Miami FL

Zip
33178

Country
USA

Zip
33186

Country
USA



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1040053

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CAINZOS, ROGELIO
C/O BALES PROFESSIONALS MGMT., CO.
330 AREFON AVE., STE. 210
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name CARLOS A. TOYAY

Street Address (P.O. Box Number is Not Acceptable)
10570 NW 27 Street

Suite #103

City Miami FL Zip Code 33172

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, STAN 11354 NW 47 LANE MIAMI, FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, JENNIFER 11328 NW 46TH LANE MIAMI, FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUCRE, STEFANIA 300 ARAGON AVE., STE. 210 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEINBERG, ODALYS 300 ARAGON AVE., STE. 210 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEVEDO, MALENA 300 ARAGON AVE., STE. 210 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, RAFAEL E 11277 NW 46TH LANE MIAMI, FL 33178 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Silvia Chybiak 4715 NW 112 court Miami FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Jennifer Diaz 11328 NW 46 Lane Miami FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Stefania sucre 11304 NW 46 Lane Miami FL 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director Frank Vlachovsky 11285 NW 46 Lane Miami FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Malena acovedo 11252 NW 46 Lane Miami FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #