

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90112 013 \*\*\*\*61.25

**DOCUMENT # N00000005999**

1. Entity Name  
**BIARRITZ HOMEOWNERS ASSOCIATION, INC.**



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Filed on:

**40040914**



02162006 Chg-NP CR2E037 (11/05)

Principal Place of Business  
**4700 NW 114 AVE**  
**MIAMI, FL 33178**

Mailing Address  
**C/O MIAMI MANAGEMENT**  
**14275 SW 142 AVE**  
**MIAMI, FL 33186**

2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State

Zip Country Zip Country

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**

**TOLAY, CARLOS A**  
**10570 NW 27 STREET SUITE 103**  
**MIAMI, FL 33172**

**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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	D CHYBIK, SILVIA 4715 NW 112 COURT MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DIAZ, JENNIFER 11328 NW 46 LANE MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SUCRE, STEFANIA 11304 NW 46 LANE MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D VIACHOVSKY, FRANK 11285 NW 46 LANE MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEVEDO, MALENA 11252 NW 46 LANE MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, RAFAEL E 11277 NW 46TH LANE MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/D. CHYBIK SILVIA 14275 SW 142 AVE MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YURI CHAVEZ 14275 SW 142 Ave. MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SUCRE STEFANIA 14275 SW 142 Ave. MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELEN QUINONEZ 14275 SW 142 Ave. MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR/D ACEVEDO MALENA 14275 SW 142 Ave. MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input checked="" 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 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: **SILVIA CHAVEZ** **WILLIAM S. JOHNSON 3/1/06**  
 DATE: **2/27/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR