


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000002527</b> 1. Entity Name SO.BE.BAY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1577 BAY ROAD MIAMI BEACH, FL 33139	Mailing Address 6830 SW 90TH STREET PINECREST, FL 33156
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**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4190241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WOOD, RICHARD A ESQ  
1395 BRICKELL AVENUE, 14TH FLOOR  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee Is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRINCHERO, PIERO 6830 SW 90TH ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BELFRANIN, TOM 6830 SW 90TH ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BERISIARTU, ANGEL 6850 SW 90TH ST MIAMI, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/14/08-80025-012 81.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_ **4.22.08** **305-668-9494**

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