

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

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000801

1. Entity Name

**BYRD BEACH ESTATES HOMEOWNERS' ASSOCIATION,
INC.**



Principal Place of Business

**301 YAMATO ROAD, STE. 3101
BOCA RATON, FL 33431**

Mailing Address

**301 YAMATO ROAD, STE. 3101
BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE



03132006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0712677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STOLTZ, MORRIS L II
301 YAMATO ROAD, STE. 3101
BOCA RATON, FL 33431**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	STOLTZ, MORRIS L II
STREET ADDRESS	301 YAMATO ROAD, STE. 3101
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CD
NAME	REICHENBAUM, RALPH
STREET ADDRESS	301 YAMATO ROAD, STE. 3101
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CD
NAME	STOLTZ, A. ARCHIE II
STREET ADDRESS	301 YAMATO ROAD, STE. 3101
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80059-024 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #