

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743536

FILED
Apr 29, 2009
Secretary of State

Entity Name: BYRON PARK ASSOCIATION, INC.

Current Principal Place of Business:

7921 BYRON AVE STE #305
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

7921 BYRON AVE STE #305
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 59-2070402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIQUIERA, WILLER
7921 BYRON AVE, #305
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SIQUEIRA, WILLER
Address: 7921 BYRON AVE #305
City-St-Zip: MIAMI BEACH, FL 33141

Title: S () Delete
Name: BURLINGAME, BRADLEY
Address: 7921 BYRON AVENUE #501
City-St-Zip: MIAMI, FL 33141

Title: T () Delete
Name: PINEDA, PEDRO
Address: 7921 BYRON AVE #503
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP () Delete
Name: CARIDAD, RIVERON
Address: 7921 BYRON AVE #407
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: BECKER, ERROL
Address: 7921 BYRON AVE #406
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: ORE,, ROLANDO
Address: 7921 BYRON AVE #402
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLANDO ORE

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date