

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000801

Entity Name: BYRD BEACH ESTATES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**765 SW 15TH AVENUE
DELRAY BEACH, FL 33444**Current Mailing Address:**765 SW 15TH AVENUE
DELRAY BEACH, FL 33444 US**FEI Number:** 65-0712677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALDWELL, JOHN
765 SW 15TH AVENUE
DELRAY BEACH, FL 33444 US*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**Officer/Director Detail :**

Title	PD
Name	CALDWELL, CLARA
Address	765 SW 15TH AVE
City-State-Zip:	DELRAY BEACH FL 33444

Title	T/AS
Name	SUSSKIND-KOMOV, ELIZABETH
Address	765 SW 15TH AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

Title	S
Name	BILOWIT, MARILYN
Address	765 SW 15TH AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

Title	VP/D
Name	CALDWELL, JOHN
Address	765 SW 15TH AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

Title	D
Name	BILOWIT, FRED
Address	765 SW 15TH AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

I hereby 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 all other like empowered.

SIGNATURE: JOHN CALDWELL**V.P. & DIRECTOR****04/02/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date