2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90997 039 ****61.25

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DOCUMENT # 725771

1. Entity Name
BUFFERD CONDOMINIUM ASSOCIATION, INC. A CONDOMINIUM

04212004 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
825 EUCLID AVENUE MIAMI BEACH, FL 33139	C/O REGATTA REAL ESTATE 628 6TH STREET - 2ND FLOOR MIAMI BEACH, FL 33139

2. Principal Place of Business	3. Mailing Address
825 Euclid Ave.	309 - 23rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. #313
City & State: Miami Beach FL	City & State: Miami Beach FL
Zip: 33139 Country: U.S.A.	Zip: 33139 Country: U.S.A.

4. FEI Number 59-1515157 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REGATTA REAL ESTATE MANAGEMENT, INC.
628 6TH STREET
2ND FLOOR
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: Regatta Real Estate Mgmt. Inc
Street Address (P.O. Box Number is Not Acceptable)
309 - 23rd Street #313
City: Miami Beach FL Zip Code: 33139

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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DUBEAUCLARD, CAMILLE 825 EUCLID AVENUE MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROMERO, CARLOS 825 EUCLID AVENUE MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GARCIA, ROUMARDO 825 EUCLID AVENUE MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 04/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #