

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90026 022 ****61.25

DOCUMENT # 741879					
1. Entity Name BYRON WATERVIEW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O WOODS MANAGEMENT 2740 W. 5TH AVE. HIALEAH, FL 33010 US			Mailing Address 2740 W. 5 AVE HIALEAH, FL 33010		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1963820	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, JOAQUIN R C/O WOODS MANAGEMENT 2740 W 5 AVENUE HIALEAH, FL 33010			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SD NAME VARGAS, NILA STREET ADDRESS 8250 BYRIB AVE #402 CITY-ST-ZIP MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE DP NAME Crislos Cabrera STREET ADDRESS 8250 Byron Ave 304 CITY-ST-ZIP MIAMI BEACH FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME CANO, MICHAEL STREET ADDRESS 3051 SW 16TH STREET CITY-ST-ZIP MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE D NAME ALBERTO QUINTANA STREET ADDRESS 1061 SW 93RD AVE CITY-ST-ZIP MIAMI FL 33174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME KRAMER, MOISES STREET ADDRESS 8250 BYRON AVENUE #204 CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete		TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JACOBO, DAVID STREET ADDRESS 8250 BYRON AVE #203 CITY-ST-ZIP MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME VIEIRA, COSME STREET ADDRESS 8250 BRYON AVE. #201 CITY-ST-ZIP MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>Moises Kramer DP</i>			02-09-2006 (305) 861-0117		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		