

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90003 039 ****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

40032412



01082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1963820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	VARGS, NILA
STREET ADDRESS	8250 BYRIB AVE #402
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	TD
NAME	CANO, MICHAEL
STREET ADDRESS	3051 SW 16TH STREET
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DP
NAME	KRAMER, MOISES
STREET ADDRESS	8250 BYRON AVENUE #204
CITY-ST-ZIP	MIAMI, FL
TITLE	DVP
NAME	CABRERA, CARLOS
STREET ADDRESS	8250 BYRON AVE 304
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	QUINTANA, ALBERTO
STREET ADDRESS	1061 SW 93RD AVE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 MOISES KRAMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-2007 305-861-0119
Date Daytime Phone #