


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90037 019 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1963820	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VARGAS, NILA <input checked="" type="checkbox"/> Delete 8250 BYRON AVE #402 MIAMI BEACH, FL 33141				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CANO, MICHAEL <input checked="" type="checkbox"/> Delete 3051 SW 16TH STREET MIAMI, FL 33145				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KRAMER, MOISES <input type="checkbox"/> Delete 8250 BYRON AVENUE #204 MIAMI, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ANTONIO CABRERA, CARLOS <input type="checkbox"/> Delete 8250 BYRON AVE 304 MIAMI BEACH, FL 33141				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINTANA, ALBERTO <input checked="" type="checkbox"/> Delete 1061 SW 93RD AVE MIAMI, FL 33174				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FERNANDEZ <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSE VALDEB 8250 BYRON AVE #403 MIAMI BEACH, FL 33141					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD LUIS R. MORENO 8250 BYRON AVE #308 MIAMI BEACH, FL 33141					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DVP KRAMER, MOISES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP ANTONIO Cabrera, Carlos					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DVP LUIS FERNANDEZ 8250 BYRON AVE #401 MIAMI BEACH, FL 33141					
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: <u>Antonio Carlos Cabrera</u> 1/23/2008 305 431 3115 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> ANTONIO CARLOS CABRERA					

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