

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741879

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** BYRON WATERVIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O WOODS MANAGEMENT  
2740 W. 5TH AVE.  
HIALEAH, FL 33010 US

**New Principal Place of Business:**

**Current Mailing Address:**

2740 W. 5 AVE  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 59-1963820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELGADO, JOAQUIN R  
C/O WOODS MANAGEMENT  
2740 W 5 AVENUE  
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: VOLDES, JOSE  
Address: 8250 BYRON AVE #203  
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD ( ) Delete  
Name: MOROLES, LUIS A  
Address: 8250 BYRON AVE #303  
City-St-Zip: MIAMI BEACH, FL 33141

Title: DP ( ) Delete  
Name: KRAMER, MOISES  
Address: 8250 BYRON AVENUE #204  
City-St-Zip: MIAMI, FL

Title: DVP ( ) Delete  
Name: CABRERA, CARLOS  
Address: 8250 BYRON AVE 304  
City-St-Zip: MIAMI BEACH, FL 33141

Title: DVD ( ) Delete  
Name: FERNANDEZ, PURA  
Address: 8250 BYRON AVE #404  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOAQUIN R. DELGADO

RA

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date