

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90236 044 ****61.25

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04302008 Chg-NP CR2E037 (12/06)

DOCUMENT # 745714							
1. Entity Name BYRON BAY ASSOCIATION, INC.							
Principal Place of Business 8201 BYRON AVE. MIAMI BCH., FL 33141			Mailing Address 8201 BYRON AVE. MIAMI BCH., FL 33141				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2285008			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DE LA CAMARA, ROSA M ESQ. BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA - 10TH FLOOR CORAL GABLES, FL 33134			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HERNANDEZ, FABIOLA		NAME				
STREET ADDRESS	8201 BYRON AVENUE APT 304		STREET ADDRESS				
CITY - ST - ZIP	MIAMI BEACH, FL 33141		CITY - ST - ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ERJAKOFF, ESTHER		NAME				
STREET ADDRESS	8201 BYRON AVENUE APT 309		STREET ADDRESS				
CITY - ST - ZIP	MIAMI BEACH, FL 33141		CITY - ST - ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ACOSTA, ROSA M		NAME				
STREET ADDRESS	8201 BYRON AVENUE #205		STREET ADDRESS				
CITY - ST - ZIP	MIAMI BEACH, FL 33141		CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MACIAS, EUSEBIO		NAME				
STREET ADDRESS	8201 BYRON AVENUE # 407		STREET ADDRESS				
CITY - ST - ZIP	MIAMI BEACH, FL 33141		CITY - ST - ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOSE, RAQUEL		NAME				
STREET ADDRESS	8201 BYRON AVENUE # 405		STREET ADDRESS				
CITY - ST - ZIP	MIAMI BEACH, FL 33141		CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
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>Raquel Jose</u>			Date: <u>4-30-08</u> Daytime Phone #: <u>305 673-7000 X6890</u>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>				