

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745714

FILED  
May 10, 2009  
Secretary of State

Entity Name: BYRON BAY ASSOCIATION, INC.

**Current Principal Place of Business:**

8201 BYRON AVE.  
MIAMI BCH., FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

8201 BYRON AVE.  
MIAMI BCH., FL 33141

**New Mailing Address:**

FEI Number: 59-2285008      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**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 US

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: T ( ) Delete  
Name: ACOSTA, ROSA M  
Address: 8201 BYRON AVENUE #205  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: MACIAS, EUSEBIO  
Address: 8201 BYRON AVENUE # 407  
City-St-Zip: MIAMI BEACH, FL 33141

Title: P ( ) Delete  
Name: JOSE, RAQUEL  
Address: 8201 BYRON AVENUE # 405  
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:

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: RAQUEL JOSE

P

05/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date