

ANNUAL REPORT  
1985

Division of Corporations  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # **747994** (2)

1. Corporation Name  
**BYRON BEACH ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**8340 HARDING AVE MIAMI FL 33141-1401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/09/1979</b>	3a. Date of Last Report <b>04/12/1994</b>
4. FEI Number <b>65-0132112</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent  
**REKANT, KENNETH N., ESQUIRE  
ONE LINCOLN ROAD BUILDING  
SUITE 208  
MIAMI BEACH FL 33139-2088**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>GARCIA, URSULA</b>
STREET ADDRESS	<b>8340 HARDING AVE APT 302</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>PD</b>
NAME	<b>SCAUSO, INES</b>
STREET ADDRESS	<b>8340 HARDING AVE 502</b>
CITY - ST - ZIP	<b>MIAMI BCH. FL</b>
TITLE	<b>VD</b>
NAME	<b>FORMISANO, OLGA</b>
STREET ADDRESS	<b>8340 HARDING AVE 402</b>
CITY - ST - ZIP	<b>MIAMI BCH. FL</b>
TITLE	<b>SD</b>
NAME	<b>KOULOUBIS, PETER</b>
STREET ADDRESS	<b>8340 HARDING AVE APT 303</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ines Scauso 4/10/95 935-3173  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Phone Number)