

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorn  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 747994 (2)**  
1. Corporation Name  
**BYRON BEACH ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified **07/09/1979**      3a. Date of Last Report **02/27/1995**  
4. FEI Number **65-0132112**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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      28 Zip      29 Country      30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**REKANT, KENNETH N., ESQUIRE  
ONE LINCOLN ROAD BUILDING  
SUITE 208  
MIAMI BEACH FL 33139-2086**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**       DELETE

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>KOULOURIS, PETER</b>
STREET ADDRESS	<b>8340 HARDING AVE APT 303</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VD</b>
3.3 STREET ADDRESS	<b>JOELLE BERNHARD</b>
3.4 CITY - ST - ZIP	<b>8340 Harding Ave. # 304 MIAMI BEACH, FL. 33141</b>
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 119.07(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:** *Joelle Bernhardt* PRES.      02-23-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)