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Oct 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 747994 (2)

BYRON BEACH ASSOCIATION, INC.

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



AMENDED

2. Principal Place of Business 2a. Mailing Address
26 111 Kane Concourse
Suite, Apt. #, etc. 27 Suite 504
City & State 28 BAY HARBOR FL
Zip Country 29 33154 30 Dade

3. Date Incorporated or Qualified 07/09/1979
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name LUZMARY NUÑEZ
82 Street Address (P.O. Box Number is Not Acceptable) 111 Kane Concourse 504
83
84 City BAY HARBOR FL 85 Zip Code 33154

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, am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] LUZMARY NUÑEZ 10/5/98 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME TSD
2. STREET ADDRESS ANTONIO ALIA
3. CITY-ST-ZIP 8340 HARDING AVE APT 502 MIAMI BCH FL
1. NAME PD
2. STREET ADDRESS CARMINE GIANITELLI
3. CITY-ST-ZIP 8340 Harding Ave. # 402 MIAMI BCH. FL
1. NAME VD
2. STREET ADDRESS BRIAN FERIA
3. CITY-ST-ZIP 8340 HARDING AVENUE, # 305 MIAMI BEACH FL
1. NAME D
2. STREET ADDRESS KOULOURIS, PETER
3. CITY-ST-ZIP 8340 HARDING AVE APT 303 MIAMI BEACH FL
1. NAME D
2. STREET ADDRESS PEDRO RAMIREZ
3. CITY-ST-ZIP 8340 Harding Ave. 503 Miami Beach Fl.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

500002660935
-10/09/98-01086-046
***61.75

pe 10.9

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 10/5/98 (305) 865-8718

CR2E037 (10/97)