


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90002 003 ****70.00

DOCUMENT # 747994
 1. Entity Name
 BYRON BEACH ASSOCIATION, INC.



Principal Place of Business 8340 HARDING AVE MIAMI, FL 33141 US	Mailing Address % WOOD MANAGEMENT 2740 WEST 5TH AVENUE HIALEAH, FL 33010
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54024348



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0132112	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DELGADO, JOAQUIN R
 % WOODS MANAGEMENT
 2740 WEST 5TH AVENUE
 HIALEAH, FL 33010

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPRONI, HUGO 8340 HARDING AVE 501 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CABRERA, ALEXIS 8340 HARDING AVE #405 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>SECRETARY / TREASURER</i> CAPRONI, MARCY MARLY 8340 HARDING AVE. 501 501 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FY, ADELFO <i>delete</i> 8340 HARDING AVE. #203 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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: *[Signature]* 3-22-04 305-733-6580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #