


FILED
Mar 16, 2005 8:00 am
Secretary of State

02-09-2005 90051 028 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

66005673



DO NOT WRITE IN THIS SPACE

01072005 No Chg-NP GR2E037 (10/03)

4. FEI Number
 65-0132112 Applied For
 Not Applicable

5. Certificate of Status Desired \$0.75 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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 IN THIS SPACE**

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's signature required when resigning.

Filing Fee is \$81.25
 Due by May 1, 2005

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	FD 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	DST CAPRONI, MARLY 8340 HARDING AVE #501 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dep Cap 3/8/05 305733.6580
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR Date Daytime Phone #