2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

RAMIC RAMIRES, PEDRO THOMAS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33141 DET CAPRONI, MARLY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33141 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT #747994 BEACH ASSOCIATION, INC	D .					02-13-2006	90009 016 *	·***61	1.25	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite S	8340 HARDING AVE			WOOD MANAGEMENT 740 WEST 5TH AVENUE								
City & State Country Included Formula Formul	2. Principal P	lace of Business	3. Mailing A	ddress								
Signature Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Auditional Fee Recipitation \$8.75 Auditional Fee Recipitation \$8. Certificate of Status Desired \$8.75 Auditional Fee Recipitation \$8. Name and Address of New Registered Agent Name	Suite, Apt.	#, etc.						Chg-NP	CR2E037 (1			
S. Certification of Solution Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ps. WOODDS MANAGEMENT 2740 VWEST 6TH AVENUE HIALEAH, FL 33010 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and life of Agestable. ### FITTING For its \$61.25 **Due by May 1, 2006 ### PD **OFFICERS AND DIRECTORS ### PD			<u> </u>	late				12		No	t Applicable	
Name	Zip	Country	Zip		Coun	try	5. Certificate of	Status Desired				
DELCADO, JÓAQUIN R 96 WOODS ANANAGEMENT 2740 WEST 5TH AVENUE HIALEAH, FL 33010 Title Benther, toped or process named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILING Fée is \$61.25 Due by f		6. Name and Address of Current	Registered Ag	ent		Nama	7. Name and Ac	idress of New R	egistered Ager	ıt		
274 OWEST 5TH AVENUE HIALEAH, FL 33010 City FL Zip Code 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 Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME CAPRONI, HUGO STREET ADDRESS OUT-51-2P MIAMI BEACH, FL 33141 TITLE OST CAPRONI, MARCH CAPRONI, MARCH STREET ADDRESS OUT-51-2P MIAMI, FL 33141 Detele TITLE NAME SIREET ADDRESS OUT-51-2P MIAMI, FL 33141 Detele TITLE NAME SIREET ADDRESS OUT-51-2P MIAMI, FL 33141 Detele TITLE NAME SIREET ADDRESS OUT-51-2P MIAMI, FL 33141 Detele TITLE NAME SIREET ADDRESS OUT-51-2P MIAMI, FL 33141 Detele TITLE NAME SIREET ADDRESS OUT-51-2P MIAMI, FL 33141 Detele TITLE NAME SIREET ADDRESS OUT-51-2P MIAMI, FL 33141 Detele TITLE NAME SIREET ADDRESS OUT-51-2P MIAMI, FL 33141 Detele TITLE NAME SIREET ADDRESS OUT-51-2P MIAMI, FL 33141 Detele TITLE NAME SIREET ADDRESS OUT-51-2P OU					-							
HALEAH, FL 33010 City FL Zip Code		= .				Street Addres	s (P.O. Box Number i	s Not Acceptable				
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 Signature, toped or protect rame of registered agent and life of applicable. OHOTE Registered Agent agrature required when remittating) DATE												
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 / Change MAKE CAPRONI, HUGO STREET ADDRESS 8340 HARDING AVE 501 MIAMI BEACH, FL 33141 CITY-ST-2P MIAMI BEACH, FL 33141 CITY-ST-2P MIAMI, FL 33		Signature, typed or printed name of registered agen	···				ired when reinstating)					
TITLE MAME CAPRONI, HUGO STREET ADDRESS GITY-ST-2P MIAMI BEACH, FL 33141 IIILE NAME RAMIRES, PEDRO THOMAS SIREET ADDRESS M340 HARDING AVE #405 GITY-ST-2P MIAMI, FL 33141 IIILE DST CAPRONI, MARLY SIREET ADDRESS CITY-ST-2P MIAMI, FL 33141 IIILE NAME SIREET ADDRESS CITY-ST-2P IIILE NAME SIRE						on. Added to Fees Florida Department of State						
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

Daytime Phone #