


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # 747994 1. Entity Name BYRON BEACH ASSOCIATION, INC.	
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Principal Place of Business 8340 HARDING AVE MIAMI, FL 33141 US	Mailing Address 9008 HARDING AVE. SURFSIDE, FL 33154-3226
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

QUINONES, DULCE M
9008 HARDING AVE.
SURFSIDE, FL 33154-3226

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U00000937724
02/26/07-80073-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALIA, ANTONIO 8340 HARDING AVE MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMIREZ, PEDRO T 8340 HARDING AVE MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERIA, HERLAN 8340 HARDING AVE MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSEFINA 8340 HARDING AVE MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIANNITELLI, CARMINE 8340 HARDING AVE MIAMI, FL 33141
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 exemptions contained in Chapter 119, 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: Antonio Alia **ANTONIO ALIA.** 02/08/07 305-868-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #