

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747994

FILED
Feb 16, 2009
Secretary of State

Entity Name: BYRON BEACH ASSOCIATION, INC.

Current Principal Place of Business:

8340 HARDING AVE
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

9008 HARDING AVE.
SURFSIDE, FL 331543226

New Mailing Address:

FEI Number: 65-0132112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINONES, DULCE M
9008 HARDING AVE.
SURFSIDE, FL 331543226 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMIREZ, PEDRO T
Address: 8340 HARDING AVE #503
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VD () Delete
Name: ALIA, ANTONIO T
Address: 8340 HARDING AVE #502
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: SD () Delete
Name: FU-PEREZ, ADELFA
Address: 8340 HARDING AVE #203
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: D () Delete
Name: RODRIGUEZ, JOSEFINA
Address: 8340 HARDING AVE #404
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: TD () Delete
Name: GIANNITELLI, CARMINE
Address: 8340 HARDING AVE #402
City-St-Zip: MIAMI BEACH, FL 33141 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FERIA, HERLAN
Address: 8340 HARDING AVE #305
City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO TOMAS RAMIREZ

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date