

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 748985 (9)**  
1. Corporation Name  
**BYRON COURT CONDOMINIUM ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>8530 BYRON AVENUE<br>PO BOX 41-4110<br>MIAMI BEACH FL 33141-7110 | Mailing Address<br>8530 BYRON AVENUE<br>PO BOX 41-4110<br>MIAMI BEACH FL 33141-7110 |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/19/1979</b> | 3a. Date of Last Report<br><b>03/15/1995</b> |
|--|--|

|  |                           |   |                                       |
|--|---------------------------|---|---------------------------------------|
| 2. Principal Place of Business<br>21   | 2a. Mailing Address<br>26 | 4. FEI Number<br><b>59-2011304</b>  | Applied For<br>Not Applicable         |
| Suite, Apt. #, etc.<br>22  | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required |
| City & State<br>23   | City & State<br>28        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees    |
| Zip<br>24  | Country<br>25             | 29  | 30                                    |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |   |                                       |

|   |  |   |             |
|---|--|---|-------------|
| 9. Name and Address of Current Registered Agent<br><b>MADISON MANAGEMENT SYSTEMS, INC.<br/>C/O ERWIN MONZON<br/>11600 NE 10 AVE.<br/>MIAMI FL 33161</b> |  | 10. Name and Address of New Registered Agent          |             |
|   |  | 81 Name   |             |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |             |
|   |  | 83  |             |
|   |  | 84 City   | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | DS <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RODRIGUEZ, JULIA                   | 1.2 NAME  |   |
| STREET ADDRESS             | 8530 BYRON AVE., APT. 501          | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI, BEACH, FL                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LINDNER, INGEBOR                   | 2.2 NAME  |   |
| STREET ADDRESS             | 8530 BYRON AVE., APT. 507          | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI BCH. FL                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FINSCHOW, GERHARD                  | 3.2 NAME  |   |
| STREET ADDRESS             | 8530 BYRON AVE., APT. 404          | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI BEACH FL                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CASTIEL, ALBERTO                   | 4.2 NAME  |   |
| STREET ADDRESS             | 8530 BYRON AVE., APT. 201          | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI BEACH FL                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOURDES, SANPEDRO                  | 5.2 NAME  |   |
| STREET ADDRESS             | 725 W. 50TH ST.                    | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI BCH. FL                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G. Finchow, Pres. Date: 3.9.96 Daytime Phone #: 866-0642

CR2E037 (12/95)