

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90013 040 \*\*\*\*61.25



**DOCUMENT # 763766**

1. Entity Name

7626 BYRON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
 7626 BYRON AVENUE  
 #302  
 MIAMI BEACH FL 33141  
 US

Mailing Address  
 7626 BYRON AVENUE  
 #302  
 MIAMI BEACH FL 33141  
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

City & State

4. FEI Number  
 59-2400301

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTEAGA, EDUARDO  
 7626 BYRON AVENUE, #302  
 MIAMI BEACH FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

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

*Eduardo Arteaga* EDUARDO ARTEAGA

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature must not be a notary.)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARTEAGA, EDUARDO	
STREET ADDRESS	7626 BYRON AVENUE, #302	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMIREZ, LUCELY	
STREET ADDRESS	7626 BYRON AVE #202	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, LILIA	
STREET ADDRESS	7626 BYRON AVENUE, #201	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RYAN, JOHN	
STREET ADDRESS	7626 BYRON AVE #401	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	<del>Director</del>	<input type="checkbox"/> Delete
NAME	<del>Holly Napolitano, Holly</del>	
STREET ADDRESS	<del>7626 Byron Ave # 301 EA</del>	
CITY-ST-ZIP	<del>MIAMI BEACH, FL 33141</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Napolitano, Holly	
STREET ADDRESS	7626 Byron Ave # 301	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zider, Daniel	
STREET ADDRESS	7626 Byron Ave # 402	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Eduardo Arteaga* EDUARDO ARTEAGA

2-3-08

305-970-7719