

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005449

1. Entity Name  
BEVERLY TERRACE MANOR CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
3224 BISCAYNE BLVD.  
MIAMI, FL 33137

Mailing Address  
3224 BISCAYNE BLVD.  
APT. F3  
MIAMI, FL 33137

2. Principal Place of Business - No P.O. Box #  
**SAME AS ABOVE**

Suite, Apt. #, etc.

3. Mailing Address  
**3224 Biscayne Boulevard**

Suite, Apt. #, etc.  
**UNIT E1**

City & State

**MIAMI FL**

Zip

**33137 USA**

04052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**41-2155389**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MARBIN, EVAN R ESQ.  
48 E. FLAGLER ST., PENTH. 104  
MIAMI, FL 33131

Name

**SAME**

Street Address (P.O. Box Number is 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.

**04/24/07-01003-001 \*\*28.23**

**4000095471554**

**04/03/07-01019--036 \*\*35.00**

SIGNATURE

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

(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

Make check payable to  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERMAIN, JOHN A		
STREET ADDRESS	3224 BISCAYNE BLVD, APT. A3		
CITY-ST-ZIP	MIAMI, FL 33137		
TITLE	VP	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PODSTAWSKI, CHRISTOPHER		
STREET ADDRESS	3224 BISCAYNE BLVD, APT. E1		
CITY-ST-ZIP	MIAMI, FL 33137		
TITLE	S/T	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANTON, CHIARA M		
STREET ADDRESS	3224 BISCAYNE BLVD, APT. F3		
CITY-ST-ZIP	MIAMI, FL 33137		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *John J. Marbin*, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.08.07

305-331-7303

Daytime Phone #