

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

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90026 015 ****70.00

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1. Entity Name

8300 BYRON AVE. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

8264 NW 115 CT
DORAL FL 33178

Mailing Address

8264 NW 115 CT
DORAL FL 33178

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

3. Mailing Address

7600 W 20 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

217

City & State

City & State
Doral, FL

Zip

Country

Zip
33016

Country
Dade

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

BARILLAS, CESAR
8264 NW 115 CT
DORAL FL 33178

Name
TERRA ASSOCIATION MNGT.
Street Address (P.O. Box Number is Not Acceptable)
7600 W 20 AVE Suite 217
City
Doral
FL
Zip Code
33016

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

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

(NOTE: Registered Agent signature required when re-stating)

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	P	<input type="checkbox"/> Delete
NAME	BARILLAS, CESAR	
STREET ADDRESS	8264 NW 115 CT	
CITY- ST- ZIP	DORAL FL 33178	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRAVO, MAURICIO	
STREET ADDRESS	8300 BYRON AVE #1	
CITY- ST- ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUERRA, RICARDO	
STREET ADDRESS	8300 BYRON AVE #12	
CITY- ST- ZIP	MIAMI BEACH FL 33141	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, BARBARA	
STREET ADDRESS	8300 BYRON AVE #11	
CITY- ST- ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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
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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	

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:

Cesar B.