

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003247

FILED  
May 01, 2007  
Secretary of State

Entity Name: BEACON LAKES PROPERTY OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

% AMB CODINA BEACON LAKES, LLC  
355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134

## New Principal Place of Business:

C/O AMB CODINA BEACON LAKES, LLC  
2855 LEJEUNE ROAD, 4TH FLOOR  
CORAL GABLES, FL 33134

## Current Mailing Address:

% AMB CODINA BEACON LAKES, LLC  
355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134

## New Mailing Address:

C/O AMB CODINA BEACON LAKES, LLC  
2855 LEJEUNE ROAD, 4TH FLOOR  
CORAL GABLES, FL 33134

FEI Number: 20-5743674      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P.  
355 ALHAMBRA CIRCLE  
SUITE 900  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

COBB, KOLLEEN O.P.  
2855 LEJEUNE ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134 US

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: \_\_\_\_\_

05/01/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition  
Name: ROMERO, RAFAEL  
Address: 2855 LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Change (X) Addition  
Name: LATTA, BRIAN  
Address: 2855 LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD ( ) Change (X) Addition  
Name: SMITH, MARK  
Address: 2855 LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

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: KOLLEEN COBB

VP

05/01/2007

Electronic Signature of Signing Officer or Director

Date