

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2008  
Secretary of State**

DOCUMENT# N06000003247

Entity Name: BEACON LAKES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-5743674      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 O. P. COBB

VP

04/22/2008

Electronic Signature of Signing Officer or Director

Date