


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90012 047 \*\*\*\*61.25

<b>DOCUMENT # N93000000419</b>					
1. Entity Name <b>MIAMI BEACH TOWNHOMES A CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1743 MICHIGAN AVE MIAMI BCH FL 33139 US</b>			Mailing Address <b>1743 MICHIGAN AVE MIAMI BCH FL 33139 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0437010</b>	
6. Name and Address of Current Registered Agent <b>NEPOMECHIE, MARILYS R 1743 MICHIGAN AVE STE 5 MIAMI BCH FL 33139</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	

**34024004**



**MOORE CR2E037 (11/03)**

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KWARTIN, STEVEN M			NAME			
STREET ADDRESS	1743 MICHIGAN AVE #3			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL			CITY-ST-ZIP			
TITLE	SDTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEPOMECHIE, MARILYS R			NAME			
STREET ADDRESS	1743 MICHIGAN AVE #5			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UULIO, ARRIETA			NAME	<b>JULIO ARRIETA</b>		
STREET ADDRESS	1743 MICHIGAN AVE #4			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SAURA, JEFFREY T			NAME	<b>ORIA ALCANTARA</b>		
STREET ADDRESS	1743 MICHIGAN AVE #1			STREET ADDRESS	<b>1743 MICHIGAN AVE #1</b>		
CITY-ST-ZIP	MIAMI FL 33139			CITY-ST-ZIP	<b>MIAMI BCH, FL 33139</b>		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EASLEY, JOE TOM/FREIBE			NAME			
STREET ADDRESS	1743 MICHIGAN AVE #2			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **MARILYS R. NEPOMECHIE** **3/1/04** **672 9327**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #