

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

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

4. FEI Number **65-0437010** Applied For Not Applicable

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

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

4/19/2006

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 NAME	PD KWARTIN, STEVEN M	<input type="checkbox"/> Delete
STREET ADDRESS	1743 MICHIGAN AVE #3	
CITY - ST - ZIP	MIAMI BCH FL 33139	
TITLE NAME	SDTD NEPOMECHIE, MARILYS R	<input type="checkbox"/> Delete
STREET ADDRESS	1743 MICHIGAN AVE #5	
CITY - ST - ZIP	MIAMI BCH FL 33139	
TITLE NAME	D ARRIETA, JULIO	<input type="checkbox"/> Delete
STREET ADDRESS	1743 MICHIGAN AVE #4	
CITY - ST - ZIP	MIAMI BCH FL 33139	
TITLE NAME	D ALCANTARA, ORIA	<input type="checkbox"/> Delete
STREET ADDRESS	1743 MICHIGAN AVE #1	
CITY - ST - ZIP	MIAMI FL 33139	
TITLE NAME	D EASLEY, JOE TOM/FREIBE	<input type="checkbox"/> Delete
STREET ADDRESS	1743 MICHIGAN AVE #2	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

4/19/06 305 790 8057