
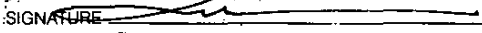



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90121 021 \*\*\*\*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</b> <b>MIAMI BCH, FL 33139 US</b>			Mailing Address <b>1743 MICHIGAN AVE</b> <b>MIAMI BCH, FL 33139 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0437010</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NEPOMECHIE, MARILYS R</b> <b>1743 MICHIGAN AVE</b> <b>APT. 5</b> <b>MIAMI BCH, FL 33139</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>7/30/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" 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 33139		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 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIETA, JULIO		NAME		
STREET ADDRESS	1743 MICHIGAN AVE #4		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCANTARA, ORIA		NAME		
STREET ADDRESS	1743 MICHIGAN AVE #1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33139		CITY-ST-ZIP		
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 33139		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 exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>7/30/08</b> <small>Daytime Phone #</small>		
<b>MARILYS R. NEPOMECHIE</b>					