2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# N93000000419

Entity Name: MIAMI BEACH TOWNHOMES A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1743 MICHIGAN AVE
MIAMI BCH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1743 MICHIGAN AVE
MIAMI BCH, FL 33139 US

New Mailing Address:

FEI Number: 65-0437010 **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:

NEPOMECHIE, MARILYS R
1743 MICHIGAN AVE
APT. 5
MIAMI BCH, FL 33139 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:	D	( ) Delete
Name:	KWARTIN, STEVEN M	
Address:	1743 MICHIGAN AVE #3	
City-St-Zip:	MIAMI BCH, FL 33139 US	
Title:	SDTD	( ) Delete
Name:	NEPOMECHIE, MARILYS R	
Address:	1743 MICHIGAN AVE #5	
City-St-Zip:	MIAMI BCH, FL 33139 US	
Title:	D	( ) Delete
Name:	ARRIETA, JULIO	
Address:	1743 MICHIGAN AVE #4	
City-St-Zip:	MIAMI BCH, FL 33139 US	
Title:	PD	( ) Delete
Name:	ALCANTARA, ORIA	
Address:	1743 MICHIGAN AVE #1	
City-St-Zip:	MIAMI, FL 33139 US	
Title:	D	( ) Delete
Name:	EASLEY, JOE TOM/FREIBE	
Address:	1743 MICHIGAN AVE #2	
City-St-Zip:	MIAMI BEACH, FL 33139 US	

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:	
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: MARILYS NEPOMECHIE SDTD 07/01/2009
Electronic Signature of Signing Officer or Director — Date