


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90011 001 \*\*\*\*61.25

<b>DOCUMENT # N94000002932</b>					
<b>1. Entity Name</b> THE CENTRE AT BEACON NORTH CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8555 NW 29TH ST. MIAMI, FL 33122 US			<b>Mailing Address</b> P.O. BOX 565820 MIAMI, FL 33156 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>		<b>4. FEI Number</b> 65-0540769	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FOSTER COMPANY OF SO FLORIDA INC 12396 S.W. 82ND AVE. MIAMI, FL 33156				<b>7. Name and Address of New Registered Agent</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>	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> <b>Delete</b>			<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
P BARRETO, WADI O 8485 N.W. 29TH STREET MIAMI, FL					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> <b>Delete</b>			<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
STD LUDWIG, PHILLIP 8485 NW 29 ST. MIAMI, FL 33122					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> <b>Delete</b>			<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
D BORTNIK, DARIO 8525 N.W. 20TH ST MIAMI, FL					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Delete</b>			<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
DVP Arrojo, Sam 8515 NW 29th St. Miami, FL 33122					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Delete</b>			<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
STD Pazos, Ruben 8535 NW 29th St. Miami, FL 33122					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Delete</b>			<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
STD Pazos, Ruben 8535 NW 29th St. Miami, FL 33122					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Delete</b>			<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
STD Pazos, Ruben 8535 NW 29th St. Miami, FL 33122					
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					