

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710750

Entity Name: BROADWATER BEACH ARMS I, INC.**Current Principal Place of Business:**6490 COLLINS AVENUE
MIAMI BEACH, FL 33141**Current Mailing Address:**6490 COLLINS AVENUE
12
MIAMI BEACH, FL 33141 US**FEI Number:** 59-0995649**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FUENTES, JOSE M.
6490 COLLINS AVE
APT 12
MIAMI BEACH, FL 33141 US*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:** JOSE M. FUENTES

01/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ROQUE, JOVANNY
Address 6490 COLLINS AVE, APT 12B
City-State-Zip: MIAMI BEACH FL 33141

Title T
Name FUENTES, JOSE M
Address 6490 COLLINS AVE, APT 12
City-State-Zip: MIAMI BEACH FL 33141

Title S
Name TEJEDA, CARLOS
Address 6490 COLLINS AVE, APT 3
City-State-Zip: MIAMI BEACH FL 33141

Title D
Name DIAZ, GENOVEVA
Address 6490 COLLINS AVE, APT 9
City-State-Zip: MIAMI BEACH FL 33141

Title D
Name MACHADO, YOLANDA
Address 6490 COLLINS AVENUE
15
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name MENA, JUAN
Address 6490 COLLINS AVENUE
8
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name NAVIA, ADALBERTO
Address 6490 COLLINS AVENUE
17
City-State-Zip: MIAMI BEACH FL 33141

I hereby 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 all other like empowered.

SIGNATURE: JOSE M. FUENTES**TREASURER**

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date