

**2024 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

01/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title	DIRECTOR
Name	FAUGNER, TARA
Address	6490 COLLINS AVENUE 6
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	D
Name	MACHADO, RAUL
Address	6490 COLLINS AVENUE 15
City-State-Zip:	MIAMI BEACH FL 33141

Title	DIRECTOR
Name	RODRIGUEZ, ANTONIO J
Address	6494 COLLINS AVENUE 19
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/SECRETARY** 01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date