

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745714

**Entity Name:** BYRON BAY ASSOCIATION, INC.

**Current Principal Place of Business:**

8201 BYRON AVE.  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

8201 BYRON AVE.  
MIAMI BEACH, FL 33141

**FEI Number: 59-2285008**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MARONIER, CARMEN C  
8600 BYRON AVENUE  
APT. # 6  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOPEZ, DENISE  
Address        8201 BYRON AVENUE # 303  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            MARRERO, JOVINIO  
Address        8201 BYRON AVENUE # 501  
City-State-Zip: MIAMI BEACH FL 33141

Title            SECRETARY, TREASURER.  
Name            HERNANDEZ COOK, FABIOLA  
Address        8201 BYRON AVENUE # 304  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            LOPEZ, RAUL  
Address        8201 BYRON AVENUE # 301  
City-State-Zip: MIAMI BEACH FL 33141

Title            VP  
Name            FERNANDEZ, HENRY  
Address        8201 BYRON AVENUE # 309  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            DUBELMAN, RACHEL  
Address        8201 BYRON AVE.#307  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            VALENZUELA, MARIA INES  
Address        8201 BYRON AVENUE  
                  APT. #506  
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: DENISE LOPEZ**

**PRESIDENT**

**03/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date