

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90027 002 ****61.25

DOCUMENT # 710111

1. Entity Name
BEACH MANOR CONDOMINIUM, INC.



Principal Place of Business
**345 MICHIGAN AVENUE
MIAMI BEACH, FL 33139**

Mailing Address
**345 MICHIGAN AVENUE
MIAMI BEACH, FL 33139**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1159534

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RONES, VICTOR K
16105 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL 33162**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Alexia Gens
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

March 4, 2008

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CADI, L. DELIA
STREET ADDRESS 345 MICHIGAN AVANUE
CITY-ST-ZIP MIAMI BEACH, FL 33129

TITLE ☒ Change ☐ Addition
NAME Cadi L. Delia director
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME NICOLE, ALLISON
STREET ADDRESS 345 MICHIGAN AVE. # 29
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition
NAME Nicole Allison
STREET ADDRESS vice president
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME FERNANDEZ-MORRIS, ISABEL
STREET ADDRESS 345 MICHIGAN AVENUE # 35
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALEXA, GENS
STREET ADDRESS 345 MICHIGAN AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☒ Change ☐ Addition
NAME Alexia Gens
STREET ADDRESS president / Secretary / Treasurer
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SUMMERSETT, ROY
STREET ADDRESS 345 MICHIGAN AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition
NAME Summersett, Roy
STREET ADDRESS vice president
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: