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LEGAL NOTICE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 719196

1. Corporation Name  
524 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 524 BEACH ROAD, BOX XYZ, SARASOTA FL 34242, US  
Mailing Address: 524 BEACH ROAD, BOX XYZ, SARASOTA FL 34242, US



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number
23	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country		
30					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PAQUETTE, BRUCE W 516 BEACH RD SARASOTA FL 34242		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	BOYD, THOMAS S.	1.2 NAME	KRAMER, Robert
STREET ADDRESS	5020 FAIRFAX DRIVE	1.3 STREET ADDRESS	5690 GENEVIEVE PL.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	FAIRFIELD, OH 45014
TITLE	PD	2.1 TITLE	VD
NAME	DOYLE, JOHN	2.2 NAME	DELIA, DIANE
STREET ADDRESS	524 BEACH RD	2.3 STREET ADDRESS	263 W. CIRCLE
CITY-ST-ZIP	SARASOTA FL 34242	2.4 CITY-ST-ZIP	BRISTOL, PA 19007
TITLE	PD	3.1 TITLE	D
NAME	PAQUETTE, BRUCE	3.2 NAME	Bruce Paquette
STREET ADDRESS	516 BEACH ROAD	3.3 STREET ADDRESS	516 BEACH ROAD
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce W. Paquette DATE: 1/13/99 PHONE: 346-2312

CR2E037 (1/98)