

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733892

1. Entity Name

750 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90087 027 ****61.25

Principal Place of Business

Mailing Address

1 TURTLE BEACH ROAD
VERO BEACH FL 32963

1 TURTLE BEACH ROAD
VERO BEACH FL 32963-3452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1723546

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, MICHAEL
1 TURTLE BEACH RD.
VERO BCH FL 32963

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARKER, JOHN E. 1 TURTLE BEACH ROAD VERO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KECK, BETTY 750 BEACH ROAD, APT 307 VERO BEACH FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARTY, JOHN P 750 BEACH RD., #104 VERO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSE, MICHAEL L 1 TURTLE BEACH RD. VERO BCH, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRIGAN, ARTHUR 750 BEACH RD, APT 303 VERO BCH, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RYAN, JOHN 750 BEACH ROAD, APT. 306 VERO BCH, FL 00000	☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED
Michael L. Rose

3/23/00

(561) 231-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)