

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90039 034 \*\*\*\*61.25

**DOCUMENT # 733892**

1. Entity Name

**750 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1 TURTLE BEACH ROAD  
 VERO BEACH FL 32963

1 TURTLE BEACH ROAD  
 VERO BEACH FL 32963

**34986**



DO NOT WRITE IN THIS SPACE

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 **BARKER, JOHN E.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1 TURTLE BEACH ROAD**

City **VERO BEACH** FL Zip Code **32963**

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.

**John E. Barker**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/3/01**

**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

|                |                                 |                                            |
|----------------|---------------------------------|--------------------------------------------|
| TITLE          | AS                              | <input type="checkbox"/> Delete            |
| NAME           | <b>BARKER, JOHN E.</b>          |                                            |
| STREET ADDRESS | <b>1 TURTLE BEACH ROAD</b>      |                                            |
| CITY-ST-ZIP    | <b>VERO BEACH FL</b>            |                                            |
| TITLE          | SD                              | <input type="checkbox"/> Delete            |
| NAME           | <b>KECK, BETTY</b>              |                                            |
| STREET ADDRESS | <b>750 BEACH ROAD, APT 307</b>  |                                            |
| CITY-ST-ZIP    | <b>VERO BEACH FL 32963</b>      |                                            |
| TITLE          | TD                              | <input type="checkbox"/> Delete            |
| NAME           | <b>HARTY, JOHN P</b>            |                                            |
| STREET ADDRESS | <b>750 BEACH RD., #104</b>      |                                            |
| CITY-ST-ZIP    | <b>VERO BEACH FL</b>            |                                            |
| TITLE          | AS                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ROSE, MICHAEL L</b>          |                                            |
| STREET ADDRESS | <b>1 TURTLE BEACH RD.</b>       |                                            |
| CITY-ST-ZIP    | <b>VERO BCH, FL 00000</b>       |                                            |
| TITLE          | DP                              | <input type="checkbox"/> Delete            |
| NAME           | <b>HARRIGAN, ARTHUR</b>         |                                            |
| STREET ADDRESS | <b>750 BEACH RD, APT 303</b>    |                                            |
| CITY-ST-ZIP    | <b>VERO BCH, FL 00000</b>       |                                            |
| TITLE          | VD                              | <input type="checkbox"/> Delete            |
| NAME           | <b>RYAN, JOHN</b>               |                                            |
| STREET ADDRESS | <b>750 BEACH ROAD, APT. 306</b> |                                            |
| CITY-ST-ZIP    | <b>VERO BCH, FL 00000</b>       |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                                                   |
|----------------|-----------------------------|-------------------------------------------------------------------|
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |                                                                   |
| STREET ADDRESS |                             |                                                                   |
| CITY-ST-ZIP    |                             |                                                                   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |                                                                   |
| STREET ADDRESS |                             |                                                                   |
| CITY-ST-ZIP    |                             |                                                                   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>AS</b>                   | <input checked="" type="checkbox"/> Addition                      |
| STREET ADDRESS | <b>Lanahan, Richard</b>     |                                                                   |
| CITY-ST-ZIP    | <b>1 Turtle Beach Road</b>  |                                                                   |
|                | <b>VERO BEACH, FL 32963</b> |                                                                   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |                                                                   |
| STREET ADDRESS |                             |                                                                   |
| CITY-ST-ZIP    |                             |                                                                   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |                                                                   |
| STREET ADDRESS |                             |                                                                   |
| CITY-ST-ZIP    |                             |                                                                   |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barker 3/19/01**

Date

**(561) 231-1666**

Daytime Phone #

CR2E037 (10/00)