

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739171 (7)

1. Corporation Name

800 BEACH ROAD, A CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

1 TURTLE BEACH ROAD
VERO BEACH FL 32963-3452

1 TURTLE BEACH ROAD
VERO BEACH FL 32963-3452

3. Date incorporated or Qualified
05/26/1977

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1834233

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, MICHAEL L.
1 TURTLE BEACH ROAD
VERO BEACH FL 32963

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHIPLEY, RALPH T.	
STREET ADDRESS	273 800 BEACH RD	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VONDALLWITZ-WEGENER, HELEN	
STREET ADDRESS	170 800 BEACH RD	
CITY-ST-ZIP	VERO BCH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSE, MICHAEL L	
STREET ADDRESS	1 TURTLE BEACH ROAD	
CITY-ST-ZIP	VERO BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BOWMAN, ROBERT G	
STREET ADDRESS	800 BEACH ROAD, APT. 169	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FROST, RUBEN E.	
STREET ADDRESS	800 BEACH ROAD, APT. 172	
CITY-ST-ZIP	VERO BCH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SPAHR, CHARLES	
STREET ADDRESS	174 800 BEACH ROAD	
CITY-ST-ZIP	VERO BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Parker, John E.
2.3 STREET ADDRESS	1 Turtle Beach Road
2.4 CITY-ST-ZIP	Vero Beach, FL 32963
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Spahr, Charles E.
4.3 STREET ADDRESS	800 Beach Road - #174
4.4 CITY-ST-ZIP	Vero Beach, FL 32963
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Christie, William J.
6.3 STREET ADDRESS	800 Beach Road
6.4 CITY-ST-ZIP	Vero Beach, FL 32963

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Michael L. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Rose

April 16, 1996

Date

407-231-1666

Daytime Phone #

CR2E037 (12/95)