


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 1 TURTLE BEACH ROAD VERO BEACH FL 32963-3452 | Mailing Address 1 TURTLE BEACH ROAD VERO BEACH FL 32963-3452 |
|--|--|

| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 Country | 29 Zip |
| 25 Country | 30 Country |

3. Date incorporated or Qualified
05/26/1977

4. FEI Number
59-1834233

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent


| | |
|--|-----------|
| 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 reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | VD SHIPLEY, RALPH T. | 1.1 TITLE | VD Christie, William J. |
| NAME | 273 800 BEACH RD | 1.2 NAME | 800 Beach Road # 171 |
| STREET ADDRESS | VERO BCH FL | 1.3 STREET ADDRESS | VERO BEACH, FL 32968 |
| CITY-ST-ZIP | <input checked="" type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | AS BARKER, JOHN E. | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1 TURTLE BEACH ROAD | 2.2 NAME | |
| STREET ADDRESS | VERO BEACH FL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | |
| TITLE | AS ROSE, MICHAEL L | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1 TURTLE BEACH ROAD | 3.2 NAME | |
| STREET ADDRESS | VERO BCH FL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | |
| TITLE | TD CHRISTIE, WILLIAM J | 4.1 TITLE | T Hubbell, Robert J. |
| NAME | 800 BEACH RD., #171 | 4.2 NAME | 800 Beach Road # 219 |
| STREET ADDRESS | VERO BEACH FL | 4.3 STREET ADDRESS | VERO BEACH, FL 32963 |
| CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | PD FROST, RUBEN E. | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 800 BEACH ROAD, APT. 172 | 5.2 NAME | |
| STREET ADDRESS | VERO BCH FL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | |
| TITLE | SD SPAHR, CHARLES E | 6.1 TITLE | S Marguardt, Sally |
| NAME | 800 BEACH RD., #174 | 6.2 NAME | 800 Beach Rd # 214 |
| STREET ADDRESS | VERO BEACH FL | 6.3 STREET ADDRESS | VERO BEACH, FL 32963 |
| CITY-ST-ZIP | <input checked="" type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

14. 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 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** 3/18/98 561-231-1666

CR2E037 (10/97)