

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764466 (9)**  
 1. Corporation Name  
**1000 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1 TURTLE BEACH ROAD INDIAN RIVER SHORES FL 32963</b>	Mailing Address <b>1 TURTLE BEACH ROAD INDIAN RIVER SHORES FL 32963</b>
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3. Date Incorporated or Qualified  
**08/09/1982**

4. FEI Number <b>59-2158377</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

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 32983**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>FLEMING, WILLIAM O.</b>	
STREET ADDRESS	<b>1000 BEACH RD APT 299</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAM, FRANCIS H</b>	
STREET ADDRESS	<b>1000 BEACH ROAD #294</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CATES, ELIZABETH S</b>	
STREET ADDRESS	<b>100 BEACH ROAD #399</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SADOWSKY, JOSEPH R</b>	
STREET ADDRESS	<b>1000 BEACH ROAD #295</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>AS</b>	<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	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSE, MICHAEL L.</b>	
STREET ADDRESS	<b>1 TURTLE BEACH RD.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Fleming, William O.</b>	
1.3 STREET ADDRESS	<b>1000 Beach Road # 299</b>	
1.4 CITY-ST-ZIP	<b>VERO Beach- FL 32963</b>	
2.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Beam, Francis H.</b>	
2.3 STREET ADDRESS	<b>1000 Beach Road # 294</b>	
2.4 CITY-ST-ZIP	<b>VERO Beach- FL 32963</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Donovan, Richard</b>	
3.3 STREET ADDRESS	<b>1000 Beach Road # 196</b>	
3.4 CITY-ST-ZIP	<b>VERO Beach- FL 32963</b>	
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Sutherland, Malcolm J.</b>	
4.3 STREET ADDRESS	<b>1000 Beach Road # 397</b>	
4.4 CITY-ST-ZIP	<b>VERO Beach- FL 32963</b>	
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	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Broadbent, Robert</b>	
6.3 STREET ADDRESS	<b>1000 Beach Road #199</b>	
6.4 CITY-ST-ZIP	<b>VERO Beach- FL 32963</b>	

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 supplement to 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 4-21-98 561-231-1166  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020707

CR2E037 (10/97)