

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90034 001 ***150.00

DOCUMENT # 811027

1. Entity Name
BEACH DALE APARTMENTS INC



Principal Place of Business
**700 ANTIOCH AVE
FT LAUDERDALE FLA, 33304-3956**

Mailing Address
**C.O DAVID E. BUCK, P.A.
2900 E. OAKLAND PK BLVD #103
FT. LAUDERDALE, FL 33306-1804**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-6058467

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUCK, DAVID E
2900 EAST OAKLAND PARK BLVD. #103
FORT LAUDERDALE, FL 33306-1804**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TROUT, DALE W 700 ANTIOCH # 5 FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLS, HEATHER 700 ANTIOCH #17 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRD, J. KENT 700 ANTIOCH AVE, #14 FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARRY, GEORGE 700 ANTIOCH AVENUE, APT 11 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, WILBER () 700 ANTIOCH AVE, #9 FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AREZZO, RICHARD 700 ANTIOCH AVE #6 FORT LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

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 607, 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

3/23/05 934-561-3303
Date Daytime Phone #