## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 08, 2008 08:00 AN Secretary of State

| DOCL | IMALI | NIT # | NO        | <b>3</b> 273 |
|------|-------|-------|-----------|--------------|
| J    | HVIE  |       | I W 1 7 . |              |

1. Entity Name

2720 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2720 N. BEACH RD.

ENGLEWOOD, FL 34223-9118 US

290 TAIT TERRACE

PORT CHARLOTTE, FL 33952



DO NOT WRITE IN THIS SPACE

02042008 No Chg-NP CR2E037 (4/06)

| 5. Certificate of Status Desired | \$8.75 | Additional     |
|----------------------------------|--------|----------------|
| 65-0227995                       |        | Not Applicable |
| 4. FEI Number                    | l l    | Abbilled For   |

6. Name and Address of Current Registered Agent

LUGG, GEORGE A JR 290 TAIT TERRACE PORT CHARLOTTE, FL 33952

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| <ol> <li>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 famillar with, and accept the obligations of registered agent.</li> </ol>   |  |  |                   |                                |  |  |  |  |
|--|--|--|-------------------|--------------------------------|--|--|--|--|
| SIGNATURE.   | Signature, typed or printed name of registered agent and title                 | if applicable (NGTE: Registered                      | d Apant signature | required when reinstating)     | DATE                                     |  |  |  |
|  | Filing Fee is \$61.25<br>Due by May 1, 2008                                    | Election Campaign Finan     Trust Fund Contribution. |                   | \$5.00 May Be<br>Added to Fees |  |  |  |  |
| 10.  | OFFICERS AND DIRE  | CTORS  |                   |                                | <del></del>                              |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>LUGG, GEORGE A JR.<br>290 TAIT TERRACE<br>PORT CHARLOTTE, FL 33952       |  |                   |                                |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | SD<br>LUGG, CATHARINE F<br>290 TAIT TERRACE<br>PORT CHARLOTTE, FL 33952        |  |                   |                                | 000000821156<br>02/19/08-80012-017 61.25 |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VD<br>OROZCO, RAYMOND<br>671 BOWL LANE<br>WATERFORD, MI 48328                  |  |                   | DO                             | NOT WRITE                                |  |  |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP  | TD<br>JENNEY, GEORGE<br>BOX 340, 15891 AIRPORT ROAD<br>CALEDON EAST, ON LON1EO |  |                   | IN                             | THIS SPACE                               |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                   |                                |  |  |  |  |
| JITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                   |                                |  |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |  |                   |                                |  |  |  |  |