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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



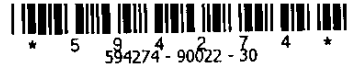
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N08423** ✓

1. Corporation Name
BEACH TERRACE RESORT CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business
 321 WILSON ST.
 HOLLYWOOD FL 33019
 US

Mailing Address
 321 WILSON ST.
 HOLLYWOOD FL 33019
 US



| | | |
|---|---------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 1 Suite, Apt. #, etc. | 2b Suite, Apt. #, etc. | 03/28/1985 |
| 2 City & State | 27 City & State | 4. FEI Number 65-0158123 |
| 3 Zip Country | 28 Zip Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 4 25 | 29 | 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |

PRY-CODZIEN, JOSEPH.
 10501 NW 10 CT.
 PLANTATION FL 33322

81 Name **GIORDANO Paul**
 82 Street Address (P.O. Box Number is Not Acceptable)
321 WILSON ST. A 204
 83
 84 City **Hollywood** FL 85 Zip Code **33019**

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 Paul V. Giordano DATE 07-15-99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|----------------------|
| TITLE | PD | 1.1 TITLE | SEC. D |
| NAME | YERCINE, ROBERT | 1.2 NAME | MICHAEL Lopushansky |
| STREET ADDRESS | 2223 JOHNSON ST. | 1.3 STREET ADDRESS | 321 Wilson St. A 106 |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | 1.4 CITY-ST-ZIP | Hollywood FLA, 33019 |
| TITLE | CD | 2.1 TITLE | D |
| NAME | BLOOM, ANITA | 2.2 NAME | ANITA Bloom D |
| STREET ADDRESS | 321 WILSON ST. A-203 | 2.3 STREET ADDRESS | 321 WILSON ST. A203 |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | 2.4 CITY-ST-ZIP | Hollywood FLA 33019 |
| TITLE | SD | 3.1 TITLE | D |
| NAME | PRY-CODZIEN, JOSEPH | 3.2 NAME | PAUL V. GIORDANO |
| STREET ADDRESS | 10501 NW 10 CT. | 3.3 STREET ADDRESS | 321 Wilson St. A 204 |
| CITY-ST-ZIP | PLANTATION FL 33322 | 3.4 CITY-ST-ZIP | Hollywood FLA 33019 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: SIGNATURE OF TREASURER DATE 6-30-99 DAYTIME PHONE # 923-3293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)