2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # N08423 1. Entity Name 02-25-2004 90040 015 ****61.25 BEACH TERRACE RESORT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 321 WILSON ST. HOLLYWOOD FL 33019 321 WILSON ST. 44012636 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0158123 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIORDANO, PAUL Street Address (P.O. Box Number is Not Acceptable) 321 WILSON ST A204 HOLLYWOOD FL 33019 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 2-20-04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIDENT Change Addition TITLE ☐ Delete TIT1 E LOPSHAPSKY, MICHAEL LOPUSHANSKY, MICHAEL NAME NAME **321 WILSON ST A106** 321 WILSON ST. A106 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP HOLYWOOD FL 33019 TREASURER GOLDAND, PAUL V 321 WILSON ST A 204 Change DILE ☐ Addition ☐ Delete TITLE GIORDANO, PAUL V NAME NAME 321 WILSON ST A 204 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 HOLHWOOD, FL 33019 CITY-ST-ZIP CITY-ST-ZIP VICE PRELIDENT / JERETHAY **Addition** ☐ Delete TITLE ☐ Change TITLE HAPRAHAN, MARK 321 WILSON ST. NAME NAME STREET ADDRESS STREET ADDRESS 33019 CITY-ST-ZIP CITY-ST-ZIP HOLLY WOOD. ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP

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SIGNATURE:

MALK HAPAHAP VP 2/19/2004 954-923-32-93

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if