

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N08423**  
 1. Entity Name  
**BEACH TERRACE RESORT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**321 WILSON ST.**      **321 WILSON ST.**  
**HOLLYWOOD, FL 33019 US**      **HOLLYWOOD, FL 33019 US**



01072005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0158123**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GIORDANO, PAUL**  
**321 WILSON ST**  
**A204**  
**HOLLYWOOD, FL 33019**

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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: PAUL GIORDANO TREAS      DATE: 1-20-05  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

U00000195014  
 01/26/05-80011-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPUSHANSKY, MICHAEL
STREET ADDRESS	321 WILSON ST A106
CITY - ST - ZIP	HOLLYWOOD, FL 33019
TITLE	T
NAME	GIORDANO, PAUL V
STREET ADDRESS	321 WILSON ST A 204
CITY - ST - ZIP	HOLLYWOOD, FL 33019
TITLE	VS
NAME	HANRAHAN, MARK
STREET ADDRESS	321 WILSON ST. C-6
CITY - ST - ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Giordano      Date: 1-20-05      Daytime Phone #: 954.224.2883  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR