2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 08, 2007 8:00 am DOCUMENT # N08423 Secretary of State 1. Entity Name 02-08-2007 90049 024 ****61.25 BEACH TERRACE RESORT CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address 321 WILSON ST. 321 WILSON ST. HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0158123 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HANRAHAN, MARK 321 WILSON ST C6 HOLLYWOOD FL 33019 MIAMI 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PRESIDENT IIILE Delete BILL Addition MICHAEL LUPOSHANSKY NAME SLOWEY, JAMES NAME 6281 MOSELY ST. # 1 STREET ADDRESS STREET ADDRESS 15 WILSHIRE ST Hollywood, 71. 33024 HORMA GUNZALEZ CUTY - ST- 7IF WINTHROP MA 02152 CITY-ST-ZIP Delete HILE Change : Addition HILE 8650 NW 3KN. #7 FERNANDEZ, RUDY NAME STREET ADDRESS 8650 N.W. 3RD LN #08 STREET ADDR€SS MIAMI, 71. 33126 CITY-ST-7IP MIAMI FL 33126 CITY-ST-ZIP SECRETARY TREASURER DCHANGE HHE X Delete ши Addition NAME NAME RUDY 7ERNA-CEL 8650 NW 36- # 8 HANRAHAN, MARK STREET ADDRESS STREET ADDRESS 321 WILSON ST. C-6 MIAMI, 71. 33126 CITY-ST-ZIP CITY ST-ZIP HOLLYWOOD FL 33019 TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDH€SS CHY-SI-7IP CHY-ST ZIP шш Delete 1000 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY S1-ZIP HILE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STRIET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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^{12.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 representations are contained in the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my representations are contained in the corporation of the corporatio