

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 12, 2008 8:00 am**  
**Secretary of State**

08-12-2008 90025 028 \*\*\*\*61.25



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

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



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

2nd MOORE      CR2E037 (4/08)

City & State      City & State  
 Zip      Country      Zip      Country

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**  
**FERNANDEZ, RUDY**  
**8650 NW 3 LN A8**  
**MIAMI FL 33126**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By September 3, 2008**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LUPOSHANSKY, MICHAEL	
STREET ADDRESS	6281 MOSELEY ST #1	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FERNANDEZ, RUDY	
STREET ADDRESS	8650 NW 3 LN #8	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, NORMA	
STREET ADDRESS	8650 NW 3 LN #7	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Rudy Fernandez</i>	
STREET ADDRESS	<i>8650 NW 3LN #8</i>	
CITY-ST-ZIP	<i>MIAMI, FL 33126</i>	
TITLE	<i>V.P.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Dorothy Farrington</i>	
STREET ADDRESS	<i>321 Wilson St # A-103</i>	
CITY-ST-ZIP	<i>Hollywood, FL 33019</i>	
TITLE	<i>SECT.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>PATRICIA Giecko</i>	
STREET ADDRESS	<i>#7 SEVUSS AVE.</i>	
CITY-ST-ZIP	<i>EAST BRUNSWICK, N.J. 08816</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Rudy Fernandez*

*8/16/08 (305) 302-7526*