

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 8:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 762314 (3)
1. Corporation Name
900 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1 TURTLE BEACH ROAD 1 TURTLE BEACH ROAD
VERO BCH FL 32963 VERO BCH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/08/1982** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2158375** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip Country **28** Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSE, MICHAEL L
1 TURTLE BEACH ROAD
VERO BCH. FL 32963**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MCNULTY, JOHN T**
STREET ADDRESS **900 BCH RD, APT 383**
CITY-ST-ZIP **VERO BCH FL**
TITLE **D**
NAME **TERNES, PAUL**
STREET ADDRESS **800 BCH. BLVD., APT. 285**
CITY-ST-ZIP **INDIAN RVR SHRS, FL00000**
TITLE **AS**
NAME **ROSE, MICHAEL L**
STREET ADDRESS **1 TURTLE BEACH ROAD**
CITY-ST-ZIP **INDIAN RVR SHRS, FL00000**
TITLE **SD**
NAME **SEXTON, JUDITH**
STREET ADDRESS **900 BCH RD STE 283**
CITY-ST-ZIP **VERO BCH FL**
TITLE **PD**
NAME **MONELL, LLOYD B. (MRS.)**
STREET ADDRESS **900 BCH ROAD, APT 384**
CITY-ST-ZIP **VERO BCH, FL 32963**
TITLE **TD**
NAME **VIEGEL, CHARLES**
STREET ADDRESS **900 BCH ROAD, #184**
CITY-ST-ZIP **VERO BCH, FL 32963**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Miller, Lee A.**
1.3 STREET ADDRESS **900 Beach Road - Apt. 386**
1.4 CITY-ST-ZIP **Vero Beach, FL 32963**
2.1 TITLE **S/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Willcock, James W.**
5.3 STREET ADDRESS **900 Beach Road, Apt. 181**
5.4 CITY-ST-ZIP **Vero Beach, FL 32963**
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Michael L. Rose

4/17/95

407-231-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone