

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **739171** (7)

1. Corporation Name

800 BEACH ROAD, A CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

**1 TURTLE BEACH ROAD
VERO BEACH FL 32963-3452**

**1 TURTLE BEACH ROAD
VERO BEACH FL 32963-3452**

3. Date incorporated or Qualified
05/26/1977

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1834233

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

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

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

23
Zip Country

28
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 BEACH 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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE
NAME **VD SHIPLEY, RALPH T.**
STREET ADDRESS **273 800 BEACH RD**
CITY - ST - ZIP **VERO BCH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **D VONDALLWITZ-WEGENER, HELEN**
STREET ADDRESS **170 800 BEACH RD**
CITY - ST - ZIP **VERO BCH FL**

2.1 TITLE **AS** ☐ Change ☒ Addition
2.2 NAME **Parker, John E.**
2.3 STREET ADDRESS **1 Turtle Beach Road**
2.4 CITY - ST - ZIP **Vero Beach, FL 32963**

TITLE ☐ DELETE
NAME **AS ROSE, MICHAEL L**
STREET ADDRESS **1 TURTLE BEACH ROAD**
CITY - ST - ZIP **VERO BCH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **TD BOWMAN, ROBERT G**
STREET ADDRESS **800 BEACH ROAD, APT. 169**
CITY - ST - ZIP **VERO BEACH FL**

4.1 TITLE **T/D** ☐ Change ☒ Addition
4.2 NAME **Spahr, Charles E.**
4.3 STREET ADDRESS **800 Beach Road - #174**
4.4 CITY - ST - ZIP **Vero Beach, FL 32963**

TITLE ☐ DELETE
NAME **PD FROST, RUBEN E.**
STREET ADDRESS **800 BEACH ROAD, APT. 172**
CITY - ST - ZIP **VERO BCH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **DS SPAHR, CHARLES**
STREET ADDRESS **174 800 BEACH ROAD**
CITY - ST - ZIP **VERO BEACH FL**

6.1 TITLE **S/D** ☐ Change ☒ Addition
6.2 NAME **Christie, William J.**
6.3 STREET ADDRESS **800 Beach Road**
6.4 CITY - ST - ZIP **Vero Beach, FL 32963**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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

April 16, 1996

407-231-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)