

# 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 # 723076 (6)**  
1. Corporation Name  
**600 BEACH ROAD CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business  
**1 TURTLE BEACH ROAD  
VERO BEACH FL 32963**

Mailing Address  
**1 TURTLE BEACH ROAD  
VERO BEACH FL 32963**

3. Date Incorporated or Qualified  
**04/06/1972**

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

4. FEI Number  
**59-1444207**

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**

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

2. Principal Place of Business  
**21**

Suite, Apt. #, etc.  
**22**

City & State  
**23**

Zip  
**24**

Country  
**25**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**27**

City & State  
**28**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

**ROSE, M. L.  
1 TURTLE BEACH RD.  
VERO BEACH FL 32963**

## 10. Name and Address of New Registered Agent

**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 reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSE, MICHAEL L	
STREET ADDRESS	1 TURTLE BEACH ROAD	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARNOLD, G DEWEY	
STREET ADDRESS	600 BEACH RD #128	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STANNY, NORBERT F	
STREET ADDRESS	600 BEACH ROAD APT 236	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASSADY, JAMES R	
STREET ADDRESS	600 BEACH ROAD APT 237	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PERRING, RAYMOND T.	
STREET ADDRESS	600 BCH RD APT 235	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DZIUBA, STANLEY	
STREET ADDRESS	600 BEACH ROAD APT 233	
CITY-ST-ZIP	VERO BCH, FL 00000	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S/D
3.3 STREET ADDRESS	Diserio, Eugene A.
3.4 CITY-ST-ZIP	600 Beach Road - #335 Vero Beach, FL 32963
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS
4.3 STREET ADDRESS	Barker, John E.
4.4 CITY-ST-ZIP	1 Turtle Beach Road Vero Beach, FL 32963
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T/D
5.3 STREET ADDRESS	Brown, Jr., Edward E.
5.4 CITY-ST-ZIP	600 Beach Road - #135 Vero Beach, FL 32963
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 in 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael L. Rose**

**April 16, 1996**

**407-231-1666**

Date

Daytime Phone #

CR2E037 (12/95)