

2000 UNIFORM BUSINESS REPORT (UBR)

3,

DOCUMENT # 762314

1. Entity Name

900 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

03-28-2000 90045 049 ****61.25

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

Mailing Address
1 TURTLE BEACH ROAD
VERO BCH FL 32963-3452

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2158375**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSE, MICHAEL L
1 TURTLE BEACH ROAD
VERO BCH. FL 32963

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, LEE A	
STREET ADDRESS	900 BEACH RD APT 386	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORTON, ANN	
STREET ADDRESS	900 BEACH RD., #281	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSE, MICHAEL L	
STREET ADDRESS	1 TURTLE BEACH ROAD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BARKER, JOHN E.	
STREET ADDRESS	1 TURTLE BEACH ROAD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TERNES, PAUL F	
STREET ADDRESS	900 BEACH RD #285	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEFTWICH, RICHARD	
STREET ADDRESS	900 BEACH RD #182	
CITY-ST-ZIP	VERO BEACH FL 32963	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Bergström	
STREET ADDRESS	900 Beach Rd. #286	
CITY-ST-ZIP	VERO BEACH FL 32963	
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		
TITLE	D	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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: SIGNATURE MICHAEL L ROSE 3/23/00 (561) 231-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)