

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002219

FILED
Apr 16, 2009
Secretary of State

Entity Name: BEACH TERRACES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

753 ATLANTIC BLVD.
#1
ATLANTIC BEACH, FL 32233

Current Mailing Address:

PO BOX 330026
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

753 ATLANTIC BLVD.
SUITE #1
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 20-2536923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARVIN & FLOYD REALTY INC. X
753 ATLANTIC BEACH #1
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

MARVIN & FLOYD REALTY INC.
753 ATLANTIC BEACH
SUITE 1
ATLANTIC BEACH, FL 32233 US

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: KAREN FLOYD

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHERMAN, MARK
Address: 116 19TH AVE N #302
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Delete
Name: HARRIS, ERIC
Address: 116 19TH AVE N #501
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD () Delete
Name: RICHTER, CYNTHIA
Address: 116 19 AVE N. #303
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD () Delete
Name: CUMMING, MICHELLE
Address: 116 19TH AVE N #603
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: TROBAUGH, BENSON
Address: 116 19 AVE N #601
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRIS, ERIC
Address: 116 19TH AVE N #501
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD (X) Change () Addition
Name: JOHNSON, JOHN
Address: 116 19TH AVE N #702
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN FLOYD

MGR

04/16/2009

Electronic Signature of Signing Officer or Director

Date