

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733892

**Entity Name:** 750 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1 TURTLE BEACH ROAD  
VERO BEACH, FL 32963**Current Mailing Address:**1 TURTLE BEACH ROAD  
VERO BEACH, FL 32963 US**FEI Number:** 59-1273546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITY CONDOMINIUM SERVICES, INC.  
1 TURTLE BEACH RD.  
VERO BCH, FL 32963 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:** JEANETTE GENOVESE

03/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOCKLET, J. BARRY  
Address        750 BEACH ROAD, APT. 101-103  
City-State-Zip: VERO BEACH FL 32963

Title            TREASURER  
Name            RUSH, LEONARD  
Address        750 BEACH ROAD, APT. 307  
City-State-Zip: VERO BEACH FL 32963

Title            SECRETARY  
Name            DALY, JAMES  
Address        750 BEACH ROAD, APT. 302  
City-State-Zip: VERO BEACH FL 32963

Title            VICE-PRESIDENT  
Name            GILLESPIE, BRUCE  
Address        750 BEACH ROAD, APT. 202  
City-State-Zip: VERO BEACH FL

Title            DIRECTOR  
Name            DIRKS, ROBERT  
Address        750 BEACH ROAD, APT 105  
City-State-Zip: VERO BEACH FL 32963

Title            DIRECTOR  
Name            FABUSS, NANO  
Address        750 BEACH ROAD, APT 204  
City-State-Zip: VERO BEACH FL 32963

Title            DIRECTOR  
Name            HARTY, JOHN  
Address        750 BEACH ROAD, APT 104  
City-State-Zip: VERO BEACH FL 32963

Title            DIRECTOR  
Name            BAYER, CHARLES M JR  
Address        750 BEACH RD, APT 106  
City-State-Zip: VERO BEACH FL 32963

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID LOUGHLIN

ASST SECRETARY

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                     |
|-----------------|---------------------|
| Title           | ASST. SECRETARY     |
| Name            | LOUGHLIN, DAVID J   |
| Address         | 1 TURTLE BEACH ROAD |
| City-State-Zip: | VERO BEACH FL 32963 |