

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739171

**Entity Name:** 800 BEACH ROAD, A CONDOMINIUM, 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

**FEI Number:** 59-1834233

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COMMUNITY CONDOMINIUM SERVICES INC  
1 TURTLE BEACH ROAD  
VERO BEACH, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           CHRISTIE, WILLIAM J  
Address        800 BEACH RD #171  
City-State-Zip: VERO BEACH FL 32963

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

Title           VP  
Name           STREET, WILLIAM M  
Address        800 BEACH RD #370  
City-State-Zip: VERO BEACH FL 32963

Title           PRESIDENT  
Name           HOLTHAUS, SID G  
Address        800 BEACH RD #173  
City-State-Zip: VERO BEACH FL 32963

Title           SECRETARY  
Name           VON DALLWITZ, BETTY  
Address        800 BEACH ROAD, APT 170  
City-State-Zip: VERO BEACH FL 32963

Title           DIRECTOR  
Name           FELLON, STEPHANIE  
Address        800 BEACH ROAD, APT 174  
City-State-Zip: VERO BEACH FL 32963

*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**

**03/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date