

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762314

Entity Name: 900 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**FEI Number:** 59-2158375**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	PRESIDENT
Name	MACDONALD, WILLIAM
Address	900 BEACH ROAD APT 385
City-State-Zip:	VERO BEACH FL 32963

Title	SECRETARY, TREASURER
Name	SHROPSHIRE, DONALD C JR.
Address	900 BEACH ROAD APT 286
City-State-Zip:	VERO BEACH FL 32963

Title	VICE-PRESIDENT
Name	KNIER, FREDERICK
Address	900 BEACH ROAD APT 186
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	HONSTEIN, JEANINE
Address	900 BEACH ROAD APT 181
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	MITCHELL, JOHN M
Address	900 BEACH ROAD, APT 284
City-State-Zip:	VERO BEACH FL 32963

Title	ASST. SECRETARY
Name	LOUGHLIN, DAVID
Address	1 TURTLE BEACH ROAD
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

03/18/2014

Electronic Signature of Signing Officer/Director Detail_____
Date