

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725961

FILED
Apr 10, 2008
Secretary of State

Entity Name: BEACH ROAD ASSOCIATION, INC.

Current Principal Place of Business:

225 BEACH RD
#204
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4122
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 51-0189595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSH, JOSEPH A RA
50 BEACH RD
#101
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: JOHNSON, GERRY DS
Address: 50 BEACH RD. #304
City-St-Zip: TEQUESTA, FL 33469 PB

Title: DT () Delete
Name: WALSH, JOSEPH A DT
Address: 50 BEACH ROAD #101
City-St-Zip: TEQUESTA, FL 33469 PB

Title: DV () Delete
Name: LIGHTON, JACK DV
Address: 19750 BEACH RD #204
City-St-Zip: TEQUESTA, FL 33469 PB

Title: D () Delete
Name: COHEN, KAREN D
Address: 19930 BEACH RD #302
City-St-Zip: TEQUESTA, FL 33469 PB

Title: DP () Delete
Name: GOODLAND, JOHN DP
Address: 225 BEACH RD#204
City-St-Zip: TEQUESTA, FL 33469 PB

Title: D () Delete
Name: CLIGGOTT, RICHARD D
Address: 100 BEACH RD #501
City-St-Zip: TEQUESTA, FL 33469 PB

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: NOE, DAVID
Address: 19930 BEACH ROAD #303
City-St-Zip: TEQUESTA, FL 33469 PB

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: JOSEPH A. WALSH

T

04/10/2008

Electronic Signature of Signing Officer or Director

Date