## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 17, 2008 08:00 AM Secretary of State

2p Country Zip Country Sip Country S. Confricts of Status Desired Status Desired Sea 75 Additional Fee Required Agent 7. Name and Address of New Registered Agent New Andress Name and Address of New Registered Agent New Andress Name and Agent	1. Entity Nam	MENT # 737988 W BEACH CONDOMINIUM	ASSOCIATION COR	P		Secretary of Sta
2. Principal Place of Business - No P O Box # 3. Marking Address    Suito, Apt. 4, etc.   Suito, Apt. 4, etc.   O111200 Chg.NP CR2E037 (12706)  Chy & Stare   Coty & Stare   Sp-1736887   Pot Applicable    Zip   Country   Zip   Country   Zip   Country   S. Colliscate of Status Deared   S8.75 Auditorial Fee Required    Early   Suito   Section   Se	6399 AZURE A-27	LANE	6399 AZURE LANE A-27			
Suite, Apt. 1. etc.    Suite, Apt. 1. etc.		`		31		
City & State    City & State   Country   Zip   Country   Sp. 1736887   S	2. Principal Place of Business - No P.O. Box # 3. Mailing Address					IBURI LBIL BIRIN RABUK BIRIN BKBUL BIRIN EKRINIRA BA URAK
September   Sept	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01112008 Chg-NP	CR2E037 (12/06)
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the polligations of registered agent, or both, in the State of Forda, I am familiar with, and accept the state of Forda, I am familiar with, and accept the state of Forda, I am familiar with, and accept the state of Forda, I am familiar with, and accept the state of Forda, I am familiar with, and accept the state of Forda, I am familiar with, and accept the state of Forda, I am familiar with, and accept the state of Forda, I am familiar with, and accept the state of Forda, I am familiar with an accept the state of Forda, I am familiar with an accept the state of Forda, I am familiar with an accept the stat	City & State		City & State		4. FEI Number 59-1736887	Applied For Not Applicable
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate of Status Des	
LA PRIE KATHY 6001 AZURE IN COCOA BEACH, FL 32931  6. The above named entity submits this statement for the purpose of changing its registered citics or registered agent, or both, in the State of Forda. I am farmisin with, and accept the ordigators of registered agent, or both, in the State of Forda. I am farmisin with, and accept the ordigators of registered agent, or both, in the State of Forda. I am farmisin with, and accept the ordigators of registered agent, or both, in the State of Forda. I am farmisin with, and accept the ordigators of registered agent, or both, in the State of Forda. I am farmisin with, and accept the ordinators of registered agent, or both, in the State of Forda. I am farmisin with, and accept the ordinators of registered agent, or both, in the State of Forda. I am farmisin with, and accept the ordinators of registered agent, or both, in the State of Forda. I am farmisin with, and accept the ordinators of registered agent, or both, in the State of Forda Dapartment of State or Both		6. Name and Address of Current	Registered Agent	Nama	7. Name and Address of	New Registered Agent
E. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Fords. I am namiliar with, and accept me offigiations of registered agent, or both. In the State of Fords. I am namiliar with, and accept me offigiations of registered agent, or both. In the State of Fords. I am namiliar with, and accept me of agent, or both. In the State of Fords. I am namiliar with, and accept me of agent, or both. In the State of Fords Department of State    State	6401 AZURE LN				s (P O, Box Number is Not Acce	epiable)
SIGNATURE Sequence, horse or present request agent and the i suphacity  Filling Fee is \$61.25  Due by May 1, 2008  Trust Fund Confribibility  Added to Feee Forida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INITE MAKE MAGUN, CHRIS SIRET ADDRESS G401 AZURE LIN B24 COCCOA BEACH, FL 32931  INITE SD UN-SI-2P WARREN, MI 48091  INITE SD UN-SI-2P WARREN, MI 48091  INITE SD UN-SI-2P PALM SPRINGS, FL 33461  INITE SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS OTY-SI-2P  INITE SIRET ADDRESS OTY-SI-2P  INITE SIRET ADDRESS OTY-SI-2P  INITE SS UN-SI-2P  INITE SIRET ADDRESS OTY-SI-2P  INITE SIRET ADDRESS OTY-SI-2P  INITE SS UN-SI-2P  INITE SS UN-SI-2P  INITE SSIRET ADDRESS OTY-SI-2P  INITE SIRET ADDRESS OTY-SI-2P  INITE SS UN-SI-2P  INITE SS UN-SI-2P  INITE SIRET ADDRESS OTY-SI-2P  INITE SS UN-SI-2P  INITE SIRET ADDRESS OTY-SI-2P  INITE SIRET ADDRESS SIRET ADDRESS OTY-SI-2P  INITE SIRET ADDRESS SIRET ADDRES				i i		<b>FL</b> }
Filling Foe is \$61.25 Due by May '1- 2008 Trust Fund Contribution.   Addition   Addition	the obligates	ions of registored agent.			,	·
TILE   MAGUN, CHRIS   MAME	ا رسما سائند	Due by May 1, 2008	Trust Fund Co	ontribution.		Florida Department of State
TITLE O'BRYAN, WILLIAM O'BRYAN, WILLIAM O'BRYAN, WILLIAM STREET ADDRESS CITY-ST-ZIP WARREN, MI 48091 O'Delete MAME STREET ADDRESS CITY-ST-ZIP WARREN, MI 48091 O'Delete MAME STREET ADDRESS CITY-ST-ZIP DELete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP O'COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP O'COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'Delete MAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 O'DELETE STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP CITY S	TITLE NAME STREET ADDRESS	TD MAGUN, CHRIS 6401 AZURE LN B24		TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP PALM SPRINGS, FL 33461  TITLE Delete TITLE NAME RINCK, HORST 6399 AZURE LN COCOA BEACH, FL 32931  TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931  CITY-ST-ZIP TITLE Delete TITLE TITLE Delete	NAME STREET ADDRESS	O'BRYAN, WILLIAM 21465 ATLANTIC AVE	☐ Delete	NAME Street address		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931  TITLE  NAME LA PRIE, KATHY STREET ADDRESS CITY-ST-ZIP  COCOA BEACH, FL 32931  TITLE  NAME LA PRIE, KATHY STREET ADDRESS CITY-ST-ZIP  COCOA BEACH, FL 32931  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an altachment with an address, with all other like empowered.	NAME STREET ADDRESS	PLEASANT, JOYCE 434 SPRINGDALE CIR	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931  ITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete 2 C TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS	RINCK, HORST 6399 AZURE LN	☐ Delete	NAME STREET ADDRESS		□ Change □ Addition
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS	LA PRIE, KATHY 6401 AZURE LN	Delete	NAME STREET ADDRESS		☐ Change ☐ Addilion
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS	- 1946 July 18 20 20 20 20 20 20 20 20 20 20 20 20 20	Delete ou Con	**TITLE ************************************	<b>₹</b> \$. <b>€</b> . 1 . 1 . 1	Chànge 🔲 Addition
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #	12. I hereby of indicated of the core	I on this report or supplemental report is poration or the receiver or trustee empir, or on an attachment with an address.	strue and accurate and that m owered to execute this report a with all other like empowered.	the exemptions contain ly signature shall have the as required by Chapter 6	e same legal effect as it made to	under oath, that I am an officer or director y name appears in Block 10 or Block 11 if