

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90135 035 ****61.25

0036770

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 739461

1. Corporation Name
ATLANTIC BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5450 NORTH OCEAN BLVD. #52 FT. LAUDERDALE FL 33308	Mailing Address 5450 NORTH OCEAN BLVD. #52 FT. LAUDERDALE FL 33308
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/23/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1752278
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRERETON, LILAH M. 5450 N. OCEAN BLVD., #52 FT. LAUDERDALE FL 33308		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE LILAH M. BRERETON, SEC-TREAS DATE 3-15-99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRERETON, JOHN	12 NAME	
STREET ADDRESS	5450 N OCEAN BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, ROBERT J.	22 NAME	WILLIAM METZ
STREET ADDRESS	5450 N OCEAN BLVD	23 STREET ADDRESS	5450 N. OCEAN BLVD #10
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	24 CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM KILLEBREW	32 NAME	PATRICK Filoso
STREET ADDRESS	5450 N OCEAN BLVD	33 STREET ADDRESS	5450 N. OCEAN BLVD #31
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	34 CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZYMONIAK, DANIEL	42 NAME	
STREET ADDRESS	5450 N OCEAN BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMERI, JOE	52 NAME	
STREET ADDRESS	5450 N. OCEAN V.D.	53 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, ROBERT	62 NAME	
STREET ADDRESS	5450 N OCEAN BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Brereton, President DATE: 3/15/99 DAYTIME PHONE #: 954-781-7866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)