

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90035 037 \*\*\*\*61.25


**DOCUMENT # 739461**  
 1. Entity Name  
**ATLANTIC BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.**



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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

  
 1st MOORE      CR2E037 (10/04)  
 4. FEI Number **NO-T APPLICABLE**      Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BRERETON, LILAH M.  
 5450 N. OCEAN BLVD., #52  
 FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BRERETON, JOHN	
STREET ADDRESS	5450 N OCEAN BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	METZ, WILLIAM	
STREET ADDRESS	5450 N. OCEAN BLVD #10	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILOSO, PATRICK	
STREET ADDRESS	5450 N. OCEAN BLVD. #31	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SZYMONIAK, DANIEL	
STREET ADDRESS	5450 N OCEAN BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMERI, JOE	
STREET ADDRESS	5450 N. OCEAN V.D.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUCAS, ROBERT	
STREET ADDRESS	5450 N OCEAN BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Krausmeyer	
STREET ADDRESS	5450 N. Ocean Blvd #15	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE: Lilah Brereton      3-28-05      954-781-7866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #