


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90154 004 ****61.25

DOCUMENT # 739461			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRERETON, JOHN	NAME	<i>Delores Kennedy</i>
STREET ADDRESS	5450 N OCEAN BLVD	STREET ADDRESS	<i>5450 N. Ocean Blvd #59</i>
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	<i>FT Lauderdale FL 33308</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	METZ, WILLIAM	NAME	<i>Ralph Harris</i>
STREET ADDRESS	5450 N. OCEAN BLVD #10	STREET ADDRESS	<i>5450 N. Ocean Blvd #25</i>
CITY-ST-ZIP	FT LAUDERDALE FL 33308	CITY-ST-ZIP	<i>FT Lauderdale FL 33308</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILOSO, PATRICK	NAME	
STREET ADDRESS	5450 N. OCEAN BLVD. #31	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSMANN, RICHARD	NAME	
STREET ADDRESS	5450 N. OCEAN BLVD. #15	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMERI, JOE	NAME	
STREET ADDRESS	5450 N. OCEAN V.D.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, ROBERT	NAME	
STREET ADDRESS	5450 N OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE *Lilah Bereton* **LILAH BERETON** 4-14-06 954-781-7866