2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 742857

1. Entity Name
BEACH VILLA 900 OCEAN BOULEVARD CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
900 N OCEAN BLVD POMPANO BEACH, FL 33062 US	900 N OCEAN BLVD #19 POMPANO BEACH, FL 33062 US

DO NOT WRITE IN THIS SPACE

01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1915396

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, ROSINA J
900 N. OCEAN BLVD. #19
POMPANO BCH, FL 33062

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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)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRAKE, GARRY
STREET ADDRESS	100 S. CASS LAKE RD
CITY-ST-ZIP	WATERFORD, MI 48328
TITLE	D
NAME	MOITOZA, DAVID
STREET ADDRESS	81 BAY RD
CITY-ST-ZIP	NORTON, MA
TITLE	D
NAME	STACG, RICHARD
STREET ADDRESS	4625 RIVERS EDGE, #6408
CITY-ST-ZIP	PONCE INLET, FL 32127
TITLE	STD
NAME	WARD, ROSE
STREET ADDRESS	900 N OCEAN BLVD #19
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	D
NAME	HOOSE, WILLIAM
STREET ADDRESS	900 N OCEAN BLVD #27
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D
NAME	LARIVIERE, THERESA
STREET ADDRESS	900 N OCEAN BLVD, 38
CITY-ST-ZIP	POMPANO BEACH, FL 33062

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01/22/04-80017-020 61.25

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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: Rosina J Ward ROSINA J. WARD 1/17/04 954-782-8159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #