


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

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90117 031 ****61.25

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

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		Applied For	
59-1915396		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WARD, ROSINA J. 900 N. OCEAN BLVD. #19 POMPANO BCH FL 33062		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	S/D
NAME	CRAKE, GARRY	NAME	JAMES FRITTS (FRITTS)
STREET ADDRESS	100 S. CASS LAKE RD	STREET ADDRESS	1019 Chicago Ave.
CITY-ST-ZIP	WATERFORD MI 48328	CITY-ST-ZIP	DIXON, IL 61021
TITLE	D	TITLE	
NAME	MOITOZA, DAVID	NAME	
STREET ADDRESS	81 BAY RD	STREET ADDRESS	
CITY-ST-ZIP	NORTON MA	CITY-ST-ZIP	
TITLE	D	TITLE	D
NAME	STACG, RICHARD	NAME	WARD, HARRY
STREET ADDRESS	4625 RIVERS EDGE, #640B	STREET ADDRESS	900 N OCEAN BLVD #19
CITY-ST-ZIP	PONCE INLET FL 32127	CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	TD	TITLE	
NAME	WARD, ROSINA J.	NAME	
STREET ADDRESS	900 N OCEAN BLVD #19	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	HOOSE, WILLIAM	NAME	
STREET ADDRESS	900 N OCEAN BLVD #27	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	LARIVIERE, THERESA	NAME	
STREET ADDRESS	900 N OCEAN BLVD, 38	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	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: Rosina J. Ward (ROSINA J. WARD)

3/29/05 954-782-8159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #