


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90044 048 ****61.25

DOCUMENT # 742857		
1. Entity Name BEACH VILLA 900 OCEAN BOULEVARD CONDOMINIUM, INC.		

Principal Place of Business 900 N OCEAN BLVD POMPANO BEACH, FL 33062 US	Mailing Address 900 N OCEAN BLVD #19 POMPANO BEACH, FL 33062 US
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50024553



2. Principal Place of Business		3. Mailing Address 90 Absolute Prop. Mgmt 101 No. State Rd 7, #119 MARGATE, FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		33063	USA

07172006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-1915396	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WARD, ROSINA J 900 N. OCEAN BLVD. #19 POMPANO BCH, FL 33062		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D FRITTS, JAMES 1019 CHICAGO AVE DIXON, IL 61021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY CRAKE 100 S. CASS LK RD WATERFORD, MI 48326	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOITOZA, DAVID 81 BAY RD NORTON, MA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DAVID MOITOZA 81 BAY RD NORTON, MA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, HARRY 900 N OCEAN BLVD #19 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARK CROMPTON 900 N. OCEAN BLVD #9 POMPANO BEACH, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WARD, ROSE 900 N OCEAN BLVD #19 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOSE, WILLIAM 900 N OCEAN BLVD #27 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kimberly Swistowski 9770 Willard Rd Silverwood, MI 48760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARIVIERE, THERESA 900 N OCEAN BLVD, 38 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER THERESA LARIVIERE 900 N. OCEAN BLVD #38 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: MARK CROMPTON 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 7/31/06 Daytime Phone #: 954-235-0400



6601 LYONS RD
SUITE C-14
COCONUT CREEK, FL 33073

ATTACHMENT

5002455-3
#742857

LL Landscape Designs, Inc.

Name / Address
WATERFORD CROSSING C/O ABSOLUTE MGMT 101 N. State road 7 #119 Margate, FL 954-984-8200 ABSOLUTEPM@AOL.COM

Date	7/20/2006
Estimate #	E3905
Phone #	954-429-8887
Fax	1-866-824-9768
E-mail	LLOFFICE@AOL.COM
Due Date	50-50

Qty	Description
1	YARDS OF EGG ROCK
20	PORTULACA OLERACEA 'PUERTO RICO PURPLE'
1	JUNIPER CHINENSIS 'MINT JULEP' POM-POM 10GAL
2	BLACK DIAMOND EDGING
12	ILEX VOMITORIA 'STOKES DWARF' - SCHILLINGS HOLLY 3GAL
12	DURANTA ERECTA 'GOLD MOUND' 3 GAL
12	SNOW ON THE MOUNTAIN
4	CORDYLINE TERMINALIS - 'BLACK MAGIC TT 3GAL
24	PENTAS 1GAL
50	ASPARAGUS DENSIFLORUS 'MYERS' FOXTAIL FERN 3GAL
14	TRINETTE ARBORICOLA, 3 GAL
2	LAGERSTROEMIA INDICA - CRAPE MYRTLE
100	BAGS OF RED MULCH
120	RUELLIA BRITTONIANA 'COMPACTA KATIE' PINK - WHITE - PURPLE 1GAL
2	EUGENIA MYRTIFOLIA 'MONTEREY BAY' SPIRAL TOPIARY 15GAL
250	SQ FT. OF ST. AUGUSTINE FLORATAN SOD
<div style="text-align: right;"> </div>	
<div style="text-align: right;"> Total \$5,005.50 </div>	

THIS PROPOSAL IS ACCEPTED AND LL LANDSCAPE DESIGNS, INC. IS AUTHORIZED TO PERFORM SAME. BALANCE NOT PAID WHEN DUE ARE CHARGED INTEREST AT 1.5% PER MONTH. LL IS ENTITLED TO RECOVER REASONABLE ATTORNEY FEES AND COSTS RELATING TO ANY COLLECTION ACTIVITIES INCLUDING LITIGATION THROUGH ALL APPELLATE LEVELS. VENUE SHALL BE IN BROWARD COUNTY, FLORIDA AND TRIAL BY JURY IS WAIVED.

Print

Sign

Date