

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742857

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** BEACH VILLA 900 OCEAN BOULEVARD CONDOMINIUM, INC.

**Current Principal Place of Business:**

900 N OCEAN BLVD  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 N OCEAN BLVD  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

**FEI Number:** 59-1915396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUGAN, JAMES  
900 N. OCEAN BLVD. APT A  
POMPANO BCH, FL 33062 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOYE, CHERLY  
Address: 900 N OCEAN BLVD #5  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: MOITOZA, DAVID  
Address: 81 BAY RD  
City-St-Zip: NORTON, MA

Title: P ( ) Delete  
Name: CRAKE, GARRY  
Address: 900 N. OCEAN BLVD APT.B  
City-St-Zip: POMPANO BEACH, FL 33062

Title: T ( ) Delete  
Name: LARIVIERE, THERESA  
Address: 900 N OCEAN BLVD, 38  
City-St-Zip: POMPANO BEACH, FL 33062

Title: S ( ) Delete  
Name: CROMPTON, MARK  
Address: 900 N. OCEAN BLVD., APT 9  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: HOOSE, WILLIAM  
Address: 125 CHAMBERLAIN  
City-St-Zip: LAKE ORION, MI 48362

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA LARIVIERE

TREA

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date