

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90158 038 ****61.25
05-13-1999 90019 009 ****61.25

DOCUMENT # 743852
Corporation Name

222 BEACH ROAD OWNERS ASSOCIATION, INC.

Principal Place of Business: 2848 PROCTOR RD, SARASOTA FL 34231, US
Mailing Address: 2848 PROCTOR RD, SARASOTA FL 34231, US



21. Principal Place of Business 2848 PROCTOR ROAD Suite, Apt. #, etc.	23. Mailing Address 2848 PROCTOR ROAD Suite, Apt. #, etc.	3. Date Incorporated or Qualified 8-7-78
22. City & State SARASOTA, FL	27. City & State SARASOTA, FL	4. FEI Number 59-2054401
24. Zip 34231	25. Country USA	29. Zip 34231
	30. Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MILLER MANAGEMENT SERVICES, INC. 2848 PROCTOR RD SARASOTA FL 34231	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* PAMELA J. GREER
NOTE: Registered Agent signature required when reinstating.
DATE: 4/30/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11.1 TITLE	11.2 NAME	11.3 STREET ADDRESS	11.4 CITY-ST-ZIP
	PD Kathy Dornon	222 Beach Road #7	Sarasota, FL 34242				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	21.1 TITLE	21.2 NAME	21.3 STREET ADDRESS	21.4 CITY-ST-ZIP
	VPD Philip Fankhauser	222 Beach Road #4	Sarasota, FL 34242				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	31.1 TITLE	31.2 NAME	31.3 STREET ADDRESS	31.4 CITY-ST-ZIP
	STD Carola Fleener	222 Beach Road #6	Sarasota, FL 34242				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	41.1 TITLE	41.2 NAME	41.3 STREET ADDRESS	41.4 CITY-ST-ZIP
	D Stephen Blaising	222 Beach Road #5	Sarasota, FL 34242				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	51.1 TITLE	51.2 NAME	51.3 STREET ADDRESS	51.4 CITY-ST-ZIP
	D Richard Liroff	222 Beach Road #9	Sarasota, FL 34242				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	61.1 TITLE	61.2 NAME	61.3 STREET ADDRESS	61.4 CITY-ST-ZIP

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Fleener, MD.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #