


**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 743852</b>					
<b>1. Entity Name</b> 222 BEACH ROAD OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2198 PRINCETON ST STE #20 SARASOTA, FL 34237			<b>Mailing Address</b> 2198 PRINCETON ST STE #20 SARASOTA, FL 34237		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>4. FEI Number</b> 59-2054401				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fees Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MA - CON INC 2198 PRINCETON ST STE #20 SARASOTA, FL 34237			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) _____ DATE _____ <small>Signature, typed or printed name of registrant agent and file if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANKHAUSER, PHILIP			NAME	
STREET ADDRESS	222 BEACH RD #4			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORNON, KATHLEEN			NAME	
STREET ADDRESS	222 BEACH RD #7			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAISING, STEPHEN			NAME	
STREET ADDRESS	222 BEACH RD #5			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIROFF, RICHARD			NAME	
STREET ADDRESS	222 BEACH RD #9			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATFIELD, ALLEN			NAME	
STREET ADDRESS	222 BEACH RD #10			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	



01102005 Chg-NP CR2E037 (10/03)

00000285675  
 04/02/05-80054-020 61.25

**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:** *Kathleen Dornan* **KATHLEEN DORNAN** SECY 3-31-05 941-366-8480