

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

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90324 038 ****61.25

DOCUMENT # 758055

1. Entity Name

BEACH WALK EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3201 S OCEAN BLVD
HIGHLAND BEACH FL 33487-2566
US

Mailing Address

3201 S OCEAN BLVD
HIGHLAND BEACH FL 33487-2566
US

50037613



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2119235

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVENUE SOUTH, 9TH FLOOR
WEST PALM BEACH FL 33401

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	P	<input type="checkbox"/> Delete
NAME	SCIORTINO, LORENZO	
STREET ADDRESS	3201 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAMES, PATRICK	
STREET ADDRESS	3201 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FOMAN, MILTON	
STREET ADDRESS	3201 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SILVERBERG, ROBERT	
STREET ADDRESS	3201 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HADEED, VICTOR	
STREET ADDRESS	3201 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tapman, Ken	
STREET ADDRESS	3201 South Ocean Blvd.	
CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Firtell, Emily	
STREET ADDRESS	3201 South Ocean Blvd.	
CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 life empowered.

SIGNATURE:

Victor P. Hadeed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor P. Hadeed 561 - 272-8986

Date

Daytime Phone #