

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



DOCUMENT # 761490

1. Entity Name
228 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.

FILED

05 NOV 15 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
228 BEACH RD.
SARASOTA, FL 34242

Mailing Address
228 BEACH RD.
SARASOTA, FL 34242

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4920 FRUITVILLE RD
Suite, Apt. #, etc.

10252005 REIN-NP CR2E099 (6/04)

City & State
SARASOTA FL

4. FEI Number
59-2487142

Applied For
 Not Applicable

Zip
34232

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STROBEL, FREDERICK R
228 BEACH RD.
STE 230
SARASOTA, FL 34242

7. Name and Address of New Registered Agent
Name MA-CON INC
Street Address (P.O. Box Number is Not Acceptable)
4920 FRUITVILLE RD
City SARASOTA FL Zip Code 34232

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STROBEL, FREDERICK 228 BEACH RD, #230 SARASOTA, FL 34242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, LARRY 228 BEACH RD. #228 SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELLIGARIGUE, R. 228 BEACH RD. #244 SARASOTA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASKEL, CLIFFORD 228 BEACH RD., #246 SARASOTA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD LIROFF 228 BEACH RD #228 SARASOTA, FL 34242	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100061486871 11/16/05--01050--027 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Fredrick Strobel* FREDERICK STROBEL 11/8/05 941-343-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #