FILED
May 03, 2006 08:00 AM
Secretary of State

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761490

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

Principal Place of Business	Mailing Address
228 BEACH RD. SARASOTA, FL 34242	4920 FRUITVILLE RD. SARASOTA, FL 34232

04272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2487142

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MA-CON INC.
4920 FRUITVILLE RD
SARASOTA, FL 34232

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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 _____ WARREN WEIL 4/5/06
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	T
NAME	STROBEL, FREDERICK
STREET ADDRESS	228 BEACH RD, #230
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	LIROFF, RICHARD
STREET ADDRESS	228 BEACH RD.
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	VD
NAME	BELLIGARIGUE, R
STREET ADDRESS	228 BEACH RD. #244
CITY-ST-ZIP	SARASOTA, FL
TITLE	PSD
NAME	PASKEL, CLIFFORD
STREET ADDRESS	228 BEACH RD., #246
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80031-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ CLIFFORD PASKEL 4/6/06 (941) 388-1002
Name and address must be typed or printed. Date Daytime Phone #