

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90183 010 ****61.25

DOCUMENT # 761490
 1. Entity Name
 228 BEACH ROAD CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
 4920 FRUITVILLE RD
 SARASOTA, FL 34232

60035691



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01172008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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

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

Filing Fee is \$61.25 Due by May 1, 2008

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

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | STROBEL, FREDERICK | |
| STREET ADDRESS | 228 BEACH RD, #230 | |
| CITY-ST-ZIP | SARASOTA, FL 34242 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LIROFF, RICHARD | |
| STREET ADDRESS | 228 BEACH RD. | |
| CITY-ST-ZIP | SARASOTA, FL 34242 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BELLIGARIGUE, R | |
| STREET ADDRESS | 228 BEACH RD. #244 | |
| CITY-ST-ZIP | SARASOTA, FL | |
| TITLE | PSD | <input type="checkbox"/> Delete |
| NAME | PASKEL, CLIFFORD | |
| STREET ADDRESS | 228 BEACH RD., #246 | |
| CITY-ST-ZIP | SARASOTA, FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELLEGARRIQUE, ROBERTO | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" 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 | | |
| 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 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 another like empowered.

SIGNATURE: Richard L. Paskel, Treasurer Date: 4/25/08 Daytime Phone #: (941) 343-1002