

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90101 013 ****61.25

DOCUMENT # 762952

1. Entity Name
**ON THE BEACH APARTMENT CONDOMINIUM
ASSOCIATION, INC.**



40003303



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2332990

Applied F
Not Appli

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

6. Name and Address of Current Registered Agent

**KUMP, EDWARD ALAN
17854 LEE AVE APT 502
REDINGTON SHORES, FL 33708**

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 ac
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

**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	D	<input checked="" type="checkbox"/> Delete
NAME	DUFFY, DOROTHY	
STREET ADDRESS	17854 LEE AVE #201	
CITY-ST-ZIP	REDINGTON SHRS., FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUMP, ALAN	
STREET ADDRESS	17854 LEE AVE STE 502	
CITY-ST-ZIP	REDINGTON SHORES, FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CERCEK, GARY	
STREET ADDRESS	17854 LEE AVE STE 302	
CITY-ST-ZIP	REDINGTON SHORES, FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ac
NAME	LEON MEZRAH	
STREET ADDRESS	17854 LEE AVE. # 202	
CITY-ST-ZIP	Redington Shores, FL 33708	
TITLE	TRUMAN VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ac
NAME	TRUMAN Mc Ghee	
STREET ADDRESS	17854 Lee Ave. # 202	
CITY-ST-ZIP	Redington Shores, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ac
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ac
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ac
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 informati
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 dire
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
changed, or on an attachment with an address with all other like empowered

Leon MezraH

Leon MezraH

1/10/08