


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90034 001 ***150.00

DOCUMENT # 811027
 1. Entity Name
 BEACH DALE APARTMENTS INC



Principal Place of Business
 700 ANTIOCH AVE
 FT LAUDERDALE FLA, 33304-3956

Mailing Address
 C.O DAVID E. BUCK, P.A.
 2900 E. OAKLAND PK BLVD #103
 FT. LAUDERDALE, FL 33306-1804

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-6058467

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BUCK, DAVID E
 2900 EAST OAKLAND PARK BLVD. #103
 FORT LAUDERDALE, FL 33306-1804

DO NOT WRITE IN THIS SPACE

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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	TROUT, DALE W
STREET ADDRESS	700 ANTIOCH # 5
CITY-ST-ZIP	FT LAUDERDALE,, FL 33304
TITLE	D
NAME	HILLS, HEATHER
STREET ADDRESS	700 ANTIOCH #17
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	P
NAME	BIRD, J. KENT
STREET ADDRESS	700 ANTIOCH AVE, #14
CITY-ST-ZIP	FT LAUDERDALE,, FL 33304
TITLE	T
NAME	FARRY, GEORGE
STREET ADDRESS	700 ANTIOCH AVENUE , APT 11
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VP
NAME	CARTER, WILBER (
STREET ADDRESS	700 ANTIOCH AVE, #9
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	D
NAME	D'AREZZO, RICHARD
STREET ADDRESS	700 ANTIOCH AVE #6
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

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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 607, 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: *[Signature]* **3/23/05** **934-561-3303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #