

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90223 022 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**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**

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

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

City & State

City & State

Zip Country Zip Country

**60042929**



04242007 Chg-P CR2E034 (12/06)

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**

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)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	TROUT, DALE <input type="checkbox"/> Delete	TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	TROUT, DALE
STREET ADDRESS	700 ANTIOCH AVE#5	STREET ADDRESS	700 ANTIOCH AVE #5
CITY-ST-ZIP	FT LAUDERDALE,, FL 33304	CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE S	GILLAUMIN, JOHN <input type="checkbox"/> Delete	TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	GUILLAUMIN, JOHN
STREET ADDRESS	700 ANTIOCH AVE #18	STREET ADDRESS	700 ANTIOCH AVE #18
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE P	BIRD, J. KENT <input type="checkbox"/> Delete	TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	BIRD, J. KENT
STREET ADDRESS	700 ANTIOCH AVE, #14	STREET ADDRESS	700 ANTIOCH AVE #10
CITY-ST-ZIP	FT LAUDERDALE,, FL 33304	CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE T	FARRY, GEORGE <input type="checkbox"/> Delete	TITLE MEMBER AT LARGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	FARRY, GEORGE
STREET ADDRESS	700 ANTIOCH AVENUE , APT 11	STREET ADDRESS	700 ANTIOCH AVE # 11
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE D	CARTER, STEVE <input checked="" type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS	700 ANTIOCH AVE, #9	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	CITY-ST-ZIP	
TITLE VP	D'AZEZZO, RICHARD <input type="checkbox"/> Delete	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	D'AREZZO, RICHARD
STREET ADDRESS	700 ANTIOCH AVE #6	STREET ADDRESS	700 ANTIOCH AVE #6
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

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 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 *Richard E. D'Arizzo* **RICHARDE. D'AREZZO 4-6-25** (954) 561-3303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**PRESIDENT**