

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90399 038 ***150.00

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04202006 Chg-P CR2E034 (11/05)

DOCUMENT # 811028					
1. Entity Name BEACH SIDE APARTMENTS INC					
Principal Place of Business 624 ANTIOCH AVE FORT LAUDERDALE FLA, 33304			Mailing Address BUCK, DAVID E, PA, CPA 2900 E OAKLAND PARK BLVD #103 FT LAUDERDALE, FL 33306-804 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0998271	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUCK, DAVID E. 2900 E. OAKLAD PARK BLVD. #103 FORT LAUDERDALE, FL 33306-1804			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSMAN, ROBERT		NAME	GLESSMAN, ROBERT	
STREET ADDRESS	624 ANTIOCH AVE., #1		STREET ADDRESS	624 ANTIOCH AVE. #1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	MEMBER-AT-LARGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, RANDY L		NAME	STEEH, LAWRENCE	
STREET ADDRESS	624 ANTIOCH AVE #7		STREET ADDRESS	624 ANTIOCH AVE #20	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, JOHN		NAME	MCDONOUGH, JOHN	
STREET ADDRESS	624 ANTIOCH AVE #18		STREET ADDRESS	624 ANTIOCH AVE #18	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, VIVIAN		NAME		
STREET ADDRESS	624 ANTIOCH AVE #18		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERA, WALTER		NAME		
STREET ADDRESS	624 ANTIOCH AVE., #12		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <i>John McDonough</i>		4-21-06		954-864-4210	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	