



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 811028</b> 1. Entity Name BEACH SIDE APARTMENTS INC	
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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
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**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0998271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BUCK, DAVID E.  
2900 E 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000342258  
 05/29/08-80011-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLESSMAN, ROBERT 624 ANTIOCH AVE., #1 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL STEEH, LAWRENCE 624 ANTIOCH AVE #20 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDONOUGH, JOHN 624 ANTIOCH AVE #18 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONOUGH, VIVIAN 624 ANTIOCH AVE #18 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRERA, WALTER 624 ANTIOCH AVE., #12 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *John McDonough* **JOHN MCDONOUGH** **PRESIDENT** **4/30/08** **(954) 561-3303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #