


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90338 010 \*\*\*150.00

<b>DOCUMENT # 811057</b> 1. Entity Name <b>BEACH RIDGE APARTMENTS INC</b>					
Principal Place of Business <b>508 ANTIOCH AVE.</b> <b>FT. LAUDERDALE, FL 33304 US</b>			Mailing Address <b>POB 7503</b> <b>FT. LAUDERDALE, FL 33338 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02192004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-1804134</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CABOT MANAGEMENT &amp; MARKETING, INC.</b> <b>2727 E. OAKLAND PARK BLVD.</b> <b>FT. LAUDERDALE, FL 33304</b>				7. Name and Address of New Registered Agent Name <b>Cabot Management &amp; Marketing, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2727 E. Oakland Park Blvd.</b> <b>#301</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip <b>33306</b>	
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 <u><i>Redm. J. Stidley</i></u> Agent <u><i>Cabot Management</i></u> <span style="float: right;">4/26/04</span> <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent Signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOSTER, THERESA O 508 ANTIOCH AVE., #14 FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLY, DONNA 508 ANTIOCH AVE #4 FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Boggio, Simone 508 Antioch Ave. #2 Fort Lauderdale, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSI, LOU 508 ANTIOCH AVE #13 FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bernard, Peter 508 Antioch Ave. #11 Fort Lauderdale, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, DENNIS 508 ANTIOCH AVE., #2 FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carney, Jay 508 Antioch Ave. #8 Ft. Lauderdale, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERIDAN, PHILLIP 508 ANTIOCH AVENUE #17 FT. LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OWEN, ROBERT 508 ANTIOCH AVE., #14 FT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Phillip Sheridan</i></u> <span style="float: right;">4/26/04</span> <span style="float: right;">954-561-8565</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					