


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90114 041 \*\*\*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		
6. Name and Address of Current Registered Agent  <b>CABOT MGMT. &amp; MARKETING, INC.</b> <b>2727 E. OAKLAND PARK BLVD.</b> <b>#301</b> <b>FORT LAUDERDALE, FL 33306</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, THERESA O <input checked="" type="checkbox"/> Delete 508 ANTIOCH AVE., #14 FT. LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Johnson, James 508 Antioch Ave. #13 Ft. Lauderdale, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete BOGGIO, SIMONE 508 ANTIOCH AVE., #2 FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BERNARD, PETER 508 AMTIOCH AVE., #11 FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARNEY, JAY 508 ANTIOCH AVE., #8 FT. LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete SHERIDAN, PHILLIP 508 ANTIOCH AVENUE #17 FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Delete OWEN, ROBERT 508 ANTIOCH AVE., #14 FT LAUDERDALE, FL		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.					
<b>SIGNATURE:</b> <i>Phillip Sheridan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/5/05 954-561-8565 <small>Date Daytime Phone #</small>		

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03152005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1804134**

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

**FL** Zip Code