

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811057

FILED
Apr 27, 2009
Secretary of State

Entity Name: BEACH RIDGE APARTMENTS INC

Current Principal Place of Business:

508 ANTIOCH AVE.
FT. LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7503
FT. LAUDERDALE, FL 33338 US

New Mailing Address:

FEI Number: 59-1804134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABOT MGMT. & MARKETING, INC.
2727 E. OAKLAND PARK BLVD.
#301
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: JOHNSON, JAMES
Address: 508 ANTIOCH AVE. #13
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: VPD () Delete
Name: BOGGIO, SIMONE
Address: 508 ANTIOCH AVE., #2
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: BERNARD, PETER
Address: 508 ANTIOCH AVE., #11
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: PD () Delete
Name: CARNEY, JAY
Address: 508 ANTIOCH AVE., #8
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: TD () Delete
Name: SHERIDAN, PHILLIP JR
Address: 508 ANTIOCH AVE., #17
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: AS () Delete
Name: OWEN, ROBERT
Address: 508 ANTIOCH AVENUE, #14
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BOGGIO, SIMONA
Address: 508 ANTIOCH AVE., #2
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODNEY E. FIEDLER

MGR

04/27/2009

Electronic Signature of Signing Officer or Director

Date