

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000005427

1. Entity Name  
BEACH POINT CLUB CONDOMINIUM ASSOCIATION,  
INC.



Principal Place of Business  
8900 COLLINS AVENUE  
SURFSIDE, FL 33154

Mailing Address  
8900 COLLINS AVENUE  
SURFSIDE, FL 33154



02192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0676172

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHMAELING, RICHARD  
SPECIALIZED CONDOMINIUM MGMT INC  
12955 BISCAYNE BLVD, STE 326  
NORTH MIAMI, FL 33181

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
O'HALPIN, LYNNE  
STREET ADDRESS  
8900 COLLINS AVENUE  
CITY-ST-ZIP  
SURFSIDE, FL 33154

TITLE  
NAME  
ZITO, MANUELA  
STREET ADDRESS  
8900 COLLINS AVENUE  
CITY-ST-ZIP  
SURFSIDE, FL 33154

TITLE  
NAME  
RANALLI, MARCO  
STREET ADDRESS  
8900 COLLINS AVENUE  
CITY-ST-ZIP  
SURFSIDE, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000680230  
04/03/07-80070-012 61.25

**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 617, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/07 305893 2103

Date

Daytime Phone #