

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00156

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** BEACHFRONT SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1751 NORTH SURF RD.  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1751 NORTH SURF RD.  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 59-2637468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CECCHERINI, PATTI  
1751 N. SURF ROAD  
HOLLYWOOD, FL 33019 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

**OFFICERS AND DIRECTORS:**

Title: TSD ( ) Delete  
Name: CECCHERINI, PATTI  
Address: 1751 NORTH SURF RD  
City-St-Zip: HOLLYWOOD, FL 33019,

Title: PD ( ) Delete  
Name: RODRIGUEZ, GUILLERMO  
Address: 1751 NORTH SURF ROAD  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD ( ) Delete  
Name: SPIEGEL, MIRIAM  
Address: 1751 NORTH SURF RD  
City-St-Zip: HOLLYWOOD, FL 33019

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: D ( ) Change (X) Addition  
Name: BROWN, CHA  
Address: 1751 NORTH SURF ROAD  
City-St-Zip: HOLLYWOOD, FL 33019

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTI CECCHERINI

STD

03/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date