

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90181 032 ****61.25

DOCUMENT # N01461

1. Entity Name
BY-THE-SEAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4140 OCEAN DR.
LAUDERDALE BY THE SEA, FL 33308**

Mailing Address
**P.O. BOX 7503
FT. LAUDERDALE, FL 33338 US**

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04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2642522	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CABOT MANAGEMENT & MARKETING INC
2727 E. OAKLAND PARK BLVD.
#301
FT. LAUDERDALE, FL 33306**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DECAS, BEVERLY 4140 OCEAN DR., #203 LAUDERDALE BY THE SEA, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONNELLY, JOHN 4140 OCEAN DR., #101 LAUDERDALE BY THE SEA, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARBIN, WILLIAM 4140 OCEAN DR., #102 LAUDERDALE BY THE SEA, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT 4140 OCEAN DR., #202 LAUDERDALE BY THE SEA, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOOTH, SANDRA 4140 OCEAN DR., #302 LAUDERDALE BY THE SEA, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: *Sandra K Booth Sandra Booth* **4-28-2008** **954.561.8565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #