## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Jul 08, 2005 8:00 am **Secretary of State DOCUMENT # N02000004433** 07-08-2005 90023 014 \*\*\*\*61.25 SECTION ONE, THE BEACH HOUSE SOUTH TOWNHOMES OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1409 ATLANTIC ST 1409 ATLANTIC ST **MELBOURNE BCH, FL 32951** MELBOURNE BCH, FL 32951 2. Principal Place of Business 3. Mailing Address 1427 ATLANTIC ST Suite, Apt. #, etc. Suite, Apt. #, etc 07022005 Chg-NP CR2E037 (10/03) Applied For City & State 4. FEI Number 57-1164362 City & State BOTHER FL 15 LBOURA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2951 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. GRAHAM, BERNADETTE Street Address (P.O. Box Number is Not Acceptable) 1409 ATLANTIC ST MELBOURNE BCH, FL 32951 -City Zip Code 8. The above named entity submits this statement for the purpose of changing its repistered on the purpose of chan the obligations of registered arrest. 1.89 شتد SIGNATURE \_\_\_\_ (NOTE; Registered Agent signature required when reinstating) DATE tre, typed or partied name of registering agent and title if explicable. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Detete ☐ Change ☐ Addition TILE TATLE PETRUZZIELLO, JOSEPH NAME MALAF 1425 ATLANTIC ST STREET ADDRESS STREET ADDRESS C/1Y-57-78P MELBOURNE BCH, FL 32951 CITY-ST-70P TITLE ☐ Detete TILE [ii] Change ☐ Addition GRAHAM, BERNADETTE MARK 1409 ATLANTIC ST STRFFT ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE BCH, FL 32951 COY-ST-ZP SD TITLE ☐ Delete ☐ Change ☐ Addition BYERS, ROBERT NAME HALF STREET ADDRESS 3928 CARNABY DR STREET ADDRESS OVIEDO, FL 32765 CITY-ST-7P CITY-ST-7P TITLE ☐ Delete ☐ Chance []LAScition TZÜF MIRCIL SPEANMAN NAME NAME 1427 ATLANTIC ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32451 CITY-ST-ZIP MUUSTURNE BEACH FL ☐ Delete Change Addition TITLE TILE KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filips 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 discusse and that my signature shall have the same legal effect as if made under certify that the information indicated on this report or supplemental report is true and discusse and that my signature shall have the same legal effect as if made under certify that the information of the corporation or the receiver or trustee empowered to effect the second of the corporation or the receiver or trustee empowered to effect the second of the corporation or the receiver or trustee empowered to effect the second of the corporation of the corporation or the receiver or trustee empowered to effect the second of the corporation of the corporation or the receiver or trustee empowered to effect the second of the corporation of the corporation or the receiver or trustee empowered to effect the second of the corporation of the corporation or the receiver or trustee empowered to effect the second of the corporation or the receiver or trustee empowered to effect the second of the corporation of the corporation or the receiver or trustee empowered to effect the second of the corporation of t 921-952-400 MOSIDER SIGNATURE: AND TYPED OR

FILED