


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02000004433</b>	
1. Entity Name <b>SECTION ONE, THE BEACH HOUSE SOUTH TOWNHOMES OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1425 ATLANTIC ST MELBOURNE BCH, FL 32951</b>	Mailing Address <b>1425 ATLANTIC ST MELBOURNE BCH, FL 32951</b>
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08262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>57-1164362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PETRUZZIELLO, JOSEPH 1425 ATLANTIC ST MELBOURNE BCH, FL 32951</b>
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**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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETRUZZIELLO, JOSEPH 1425 ATLANTIC ST MELBOURNE BCH, FL 32951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GRAHAM, BERNADETTE 1409 ATLANTIC ST MELBOURNE BCH, FL 32951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHITE, ROBERT 1421 ATLANTIC ST MELBOURNE BCH, FL 32951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SPEARMAN, VIRGIL 1427 ATLANTIC ST MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/30/07-80003-007 61.25

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 persons empowered.

**SIGNATURE:** *Joseph Petruzzello* **JOSEPH PETRUZZIELLO** **8/25/2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #