

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

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90017 029 ****61.25

DOCUMENT # N02000004433

1. Entity Name

SECTION ONE, THE BEACH HOUSE SOUTH
TOWNHOMES OWNERS ASSOCIATION, INC.



Principal Place of Business

1425 ATLANTIC ST
MELBOURNE BCH, FL 32951

Mailing Address

1425 ATLANTIC ST
MELBOURNE BCH, FL 32951

40113022



07092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-1164362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETRUZZIELLO, JOSEPH
1425 ATLANTIC ST
MELBOURNE BCH, FL 32951

**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

Joseph Petruzzello

(NOTE: Registered Agent signature required when reinstating)

8/1/08

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *TR*
NAME *PS* PETRUZZIELLO, JOSEPH
STREET ADDRESS 1425 ATLANTIC ST
CITY-ST-ZIP MELBOURNE BCH, FL 32951

TITLE *VP*
NAME *GRANDE* GRAMER, NADETTE
STREET ADDRESS 1408 ATLANTIC ST
CITY-ST-ZIP MELBOURNE BCH, FL 32951

TITLE *PD*
NAME *WB PD* WHITE, ROBERT
STREET ADDRESS 1421 ATLANTIC ST
CITY-ST-ZIP MELBOURNE BCH, FL 32951

TITLE
NAME SD SPEARMAN, VIRGIL
STREET ADDRESS 1427 ATLANTIC ST
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE *VP*
NAME *MOSUS RIVONA*
STREET ADDRESS 1403 ATLANTIC ST
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Joseph Petruzzello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/08

321-722-6074