2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2005 8:00 am Secretary of State

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DOCUMENT # N02000004608 1. Entity Name THE TERRACES AT BEACHSIDE CONDOMINIUM ASSOCIATION, INC.									03-29-2005	900170	19 61	.23
3000 FIRST COAST HWY.			Р0	eiling Address O BOX 3000 MELIA ISLAND, FL 32035 US				400	41782			
2. Principal P	Place of Busine	958	3. Ma	iling Address								
Cuita Aat # ata			Suita Ant # arc									
Suite, Apt. #, etc.		30	Suite, Apt. #, etc.				01062005	Chg-NP	CR2E	037 (10/03)		
City & State		C	City & State			70.4000400			pplied For lot Applicable			
Zip		Country	Zi	p	Coun	ntry		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
	6Name	end Address of Curr	ent Register	ed Agent				_7. Name and	Address of Nev	Registere	Agent	
GREGOR'	Y, DAVID E	3		Name								
AMELIA IS		NAGEMENT			Street A	ddress (f	P.O. Box Number	er is Not Accepta	ble)			
	SLAND, FL											
						City				F	Zip Coo	de
			nt for the purp	pose of changing its r	egistered	d office or	registere	ed agent, or bot	h, in the State of	Florida, I ar	n familiar with	, and accept
the obligat	tions of registe	ered agent.										
SIGNATURE .												
SIGNATURE		r printed name of registered a	agent and title if ap	plicable. (NOTE:	Registered	Agent signatu	ure required	when reinstating)		DATE		
SIGNATURE	Signature, typed of	r printed name of registered at a 15 \$61.25 ay 1, 2005	agent and little if ap	9. Election Cam Trust Fund Co	paign Fir	nancing		\$5.00 May B	e	Make che	ck payable artment of S	
SIGNATURE	Signature, typed of	is \$61.25		9. Election Cam Trust Fund Co	paign Fir	nancing		\$5.00 May B Added to Fees	e FI	Make che orida Dep	ck payable artment of S	State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Rorida 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.