


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90108 005 ****61.25

DOCUMENT # N04000010194					
1. Entity Name 59TH STREET BEACH CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7447 ARLINGTON AVENUE NW MASSILLON, OH 44646			Mailing Address 7447 ARLINGTON AVENUE NW MASSILLON, OH 44646		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2503443	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHREINER, MICHAEL D 307 59TH STREET A HOLMES BEACH, FL 34217			Name <i>Brenda B. Schreiner</i> Street Address (P.O. Box Number is Not Acceptable) <i>307 59th Street A</i> City <i>Holmes Beach</i> FL Zip Code <i>34217</i>		
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 <i>Brenda B. Schreiner</i>		Signature, typed or printed name of registered agent and title if applicable		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS SCHREINER, MICHAEL 7447 ARLINGTON AVENUE NW MASSILLON, OH 44646	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREINER, BRENDA 7447 ARLINGTON AVENUE NW MASSILLON, OH 44646	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Brenda B. Schreiner</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>1-8-08</i> Daytime Phone # <i>330 844 1001</i>	

