

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04041

1. Entity Name

BEVERLY BEACH SURFSIDE HOME OWNERS ASSOCIATION I

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90027 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

61 NAUTILUS DR.  
BEVERLY BEACH FL 32136

61 NAUTILUS DR.  
BEVERLY BEACH FL 32136-2716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2460471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVY, BENJAMIN  
2825 N. OCEANSHORE BLVD.  
BEVERLY BEACH FL 32136

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **MCDONALD, JOHN**  
STREET ADDRESS **61 NAUTILUS DR.**  
CITY-ST-ZIP **BEVERLY BEACH FL 32136**

TITLE ☐ Change ☐ Addition  
NAME **JOYCE MCDONALD**  
STREET ADDRESS **61 NAUTILUS DR.**  
CITY-ST-ZIP **BEVERLY BEACH FL 32136**

TITLE **VP** ☒ Delete  
NAME **HOLT, HAZEL**  
STREET ADDRESS **46 NAUTILUS DR.**  
CITY-ST-ZIP **BEVERLY BEACH FL 32136**

TITLE **VP** ☐ Change ☒ Addition  
NAME **JOYCE MCDONALD**  
STREET ADDRESS **61 NAUTILUS DR.**  
CITY-ST-ZIP **BEVERLY BEACH FL 32136**

TITLE **S** ☒ Delete  
NAME **JACKSON, LINDA**  
STREET ADDRESS **270 SEABREEZE DR**  
CITY-ST-ZIP **BEVERLY BEACH FL 32136**

TITLE **S** ☐ Change ☒ Addition  
NAME **MARY KAISER**  
STREET ADDRESS **231 STARBOARD**  
CITY-ST-ZIP **BEVERLY BEACH, FL 32136**

TITLE **D** ☐ Delete  
NAME **CHAFFE, CAROL**  
STREET ADDRESS **185 MONITOR DR**  
CITY-ST-ZIP **BEVERLY BEACH FL 32136**

TITLE ☐ Change ☐ Addition  
NAME **ROBERT C. MORSE**  
STREET ADDRESS **135 ANCHORAGE DR.**  
CITY-ST-ZIP **BEVERLY BEACH FL 32136**

TITLE **D** ☐ Delete  
NAME **FOSTER, FREDRICK**  
STREET ADDRESS **178 MONITOR DR.**  
CITY-ST-ZIP **BEVERLY BEACH FL 32136**

TITLE **T** ☐ Change ☐ Addition  
NAME **ROBERT C. MORSE**  
STREET ADDRESS **135 ANCHORAGE DR.**  
CITY-ST-ZIP **BEVERLY BEACH FL 32136**

TITLE **D** ☐ Delete  
NAME **YOUNG, DOROTHY**  
STREET ADDRESS **169 LOOKOUT DR**  
CITY-ST-ZIP **BEVERLY BEACH FL 32136**

TITLE ☐ Change ☐ Addition  
NAME **ROBERT C. MORSE**  
STREET ADDRESS **135 ANCHORAGE DR.**  
CITY-ST-ZIP **BEVERLY BEACH FL 32136**

12. I hereby certify that the information supplied with this filing 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 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:

*Robert C. Morse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

Date

Daytime Phone #

CR2E037 (9/99)