


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90025 027 ****61.25

DOCUMENT # N05000002219 1. Entity Name BEACH TERRACES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250			Mailing Address PO BOX 330026 ATLANTIC BEACH, FL 32233		
2. Principal Place of Business - No P.O. Box # 753 Atlantic Blvd			3. Mailing Address PO Box 330026		
Suite, Apt. #, etc. #1			Suite, Apt. #, etc. 		
City & State Atlantic Beach FL			City & State Atlantic Beach FL		
Zip 32233		Country USA		Zip 32233	
Country USA		4. FEI Number 20-2536923			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARVIN, SONIA M 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name Marvin + Floyd Realty Inc Street Address (P.O. Box Number is Not Acceptable) 753 Atlantic Beach #1 City Atlantic Beach FL Zip Code 32233	
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 Marvin + Floyd Realty, Inc <i>[Signature]</i> 3-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD SHERMAN, Mark 116 19TH AVE N #302 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, ERIC 116 19TH AVE N #501 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIN, MICHAEL 116 19TH AVE N #401 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUMMING, MICHELLE 116 19TH AVE N #603 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Richter, Cynthia 116 19 AVE N #303 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Trobaugh, Benson 116 19 AVE N #601 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 another like empowered.					
SIGNATURE: <i>[Signature]</i>				5-2-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	