

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

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90198 046 ****61.25

DOCUMENT # N05000002219

1. Entity Name
BEACH TERRACES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**753 ATLANTIC BLVD.
#1
ATLANTIC BEACH, FL 32233**

Mailing Address
**PO BOX 330026
ATLANTIC BEACH, FL 32233**

60034179



04242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2536923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARVIN & FLOYD REALTY INC. X
753 ATLANTIC BEACH #1
ATLANTIC BEACH, FL 32233**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHERMAN, MARK
STREET ADDRESS 116 19TH AVE N #302
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE VD
NAME HARRIS, ERIC
STREET ADDRESS 116 19TH AVE N #501
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE TD
NAME RICHTER, CYNTHIA
STREET ADDRESS 116 19 AVE N. #303
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE SD
NAME CUMMING, MICHELLE
STREET ADDRESS 116 19TH AVE N #603
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE D
NAME TROBAUGH, BENSON
STREET ADDRESS 116 19 AVE N #601
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #