


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

**FILED**  
**Aug 04, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90033 042 \*\*\*\*61.25

**DOCUMENT # N07000001207**

1. Entity Name  
**BEACH FRONT AT SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4600 NORTH OCEAN DRIVE  
 SINGER ISLAND, FL 33404**

Mailing Address  
**4600 NORTH OCEAN DRIVE  
 SINGER ISLAND, FL 33404**

**60046209**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07112008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

4. FEI Number  
**20-0135814**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**St. John, Core & Lemme, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1601 Forum Place, Suite 701**

City  
**West Palm Beach FL** Zip Code **33401**

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: *David A. Core* **DAVID A. CORE, Secretary** **7-25-2008**  
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 September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHATTINGER, JEFF 906 SE 10TH STREET POMPAÑO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DONNELLY, MIKE 5300 W. ATLANTIC BLVD. #300 DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSA, LOUIS 1270 S.W. 13TH DRIVE BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFREY A. BERKMAN 4600 N. OCEAN DRIVE #2502 SINGER ISLAND, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD RON GOODMAN 4 GALE LANE GREENVILLE, DELAWARE 19807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ED. J. DAMM 4600 N. OCEAN DRIVE #1602 SINGER ISLAND-FL 33404	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOU ELLA JORDAN 4600 N. OCEAN DRIVE #606 SINGER ISLAND-FL 33404	<input type="checkbox"/> Change <input 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 all other like empowered.

SIGNATURE: *E.J. Damm* **E.J. DAMM** **7/30/08** **856-482-2222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #