2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) DOOLINGENIT # NI00217

FILED Aug 02, 2004 8:00 am Secretary of State

1. Entity Name					08-02-2004 90011 022 ****61.25			
	LLAR CONDOMINIUM ASS NE BEACH, INC.	OCIATION OF SOUTI	1					
Principal Place of Business		Mailing Address				. w		
4205 S. A1A, UNIT A MELBOURNE BEACH FL 32951 US		4205 S. A1A, UNIT A MELBOURNE BEACH FL 32951 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E037 (4/04)			
City & State		City & State		4. FEI Numbe	59-2775685	⊢	pplied For at Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	See Require		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
· WILLIAMS, RON			Name					
1825	O SW 88!PLACE // FL 33157		Street Address		r is Not Acceptable)			
			City			FL Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registerer.				,	h to the Charles of Florid			
	ons of registered agent.	The purpose of changing its i	egistered office of r	egistered agent, or bot	ri, in the State of Florid	a. Lannanina win,	апо ассері	
SIGNATURE	Signature, typed of printed name of registered agent	and little if applicable. (NOTE	: Registered Agent signature	e required when reinstaling)		DATE		
	ILE NOW: FEE IS \$61.25 ue By September 8, 2004	Trust Fund C	paign Financing ontribution.	\$5.00 May B Added to Fees	e Make	Check Payable Department of S		
10.	OFFICERS AND DIF		11.	ADDITIONS/CHA	ANGES TO OFFICERS			
TOLK .	SOELL, CINDY	☐ Delete	TITLE NAME			☐ Change	Addition	
THE WAY	4205 S A1A UNIT B		STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE BCH FL 32951		CITY-ST-ZIP-					
*****	D	Delete	TITLE [) ,		∠X .Change	☐ Addition	
, want	CROWE, MARTIN 4205 S A1A UNIT D	·	NAME STREET ADDRESS	e Angeli:	5 , Paul -	_		
	MELBOURNE BEACH FL 32951		STREET ADDRESS 4	1205 15 A	A-Unif-	FL 3295	71	
ппь Г	PD	☐ Delete	TITLE	reporting	- Deach	☐ Change	☐ Addition	
	SIPES, ROBERT		NAME					
	4205 S. A1A, UNIT A MELBOURNE BEACH FL 32951	e e e u	STREET ADDRESS		•	-		
	TD	<u> </u>	CITY-ST-ZIP			Change	Addition	
BILE	WILLIAMS, RON	☐ Delete	TITLE NAME			☐ Change	Addition	
	18250 S.W. 88 PLACE		STREET ADDRESS					
0111 01 011	MIAMI FL 33157		CITY-ST-ZIP					
II/LE	D SOELL, JEFF	☐ Delete	TITLE			☐ Change	Addition	
NAME	4205 S A1A UNIT B		NAME STREET ADDRESS					
SINCEL AUUNESS	MELBOURNE BEACH FL 32951		CITY-ST-ZIP					
HILE I	D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME 13								
NAME	WILLIAMS, GAIL 4205 S A1A UNIT I		NAME					
STREET ADDRESS	WILLIAMS, GAIL 4205 S A1A UNIT L MELBOURNE BEACH FL 32951		NAME STREET ADDRESS CITY-ST-ZIP					

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legial 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: Kon E.

Williams SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

365-233-2043

Daytime Phone #